I

1. PLACE OF DEATH

| MARYLA 1244 | | | | | TE OF | | | MIT. | ORE, | | Dist. No | 24 | 52 |
|---|-----------|---------------|--------------|--------|----------------|-------------|------------------------|----------|---------------------------|-------------|------------|-----------|----------------------------|
| rchester | | | MARYLA | AND | 2. USUAL RES | | 1 | ed lived | b. COUNT | tion: Resid | lence befo | | sion) |
| If outside corporate limits, earest town) bridge | write | | of stay in | | c. CITY OR | TOWN (IF | outside corp | orote li | mits, write | RURAL on | d give ne | arest tow | n) |
| TAL (If not in hospitol, given ore State Ho | | | | | d. STREET | address a k | : H; | 1 | A | VE. | | | SIDENCE A FARM? NO 🔣 |
| First | M | are | Middle e) | دسا | Bai | Ley | 4. DATE OF DEATH | , | VO! | onth / | D. | -/ | Year 1958 |
| 14/ | MARRI | | ER MARRIED | _ | B. DATE OF BIR | TH 18 | 383 | 9. AC | GE (In years of birthday) | Months | | Hours | ER 24 HRS. Min. |
| ON (Give kind of work do king life, even if retired) | ne 10b. i | KIND OF 8 | USINESS OR | INDUS | | vland | | | | 12. 0 | US | OF WHAT | COUNTRY? |
| | | | | | 14. MOTHER | | | | | | | | |
| s W. Bailey | | | | | Anni | le E. | Jones | 1 | Sali | sbur | y Ma | aryl | and |
| R IN U. S. ARMED FORCE | | SOCIAL SEC | URITY NO. | 17. IN | FORMANT ME | .Cha | rles | Ch | ath | # Br | othe | er-I | n-Law) |
| no | | 6-16- | 7696 | Ea | stern S | hore | State | Hos | pita] | , Ca | mbri | ige, N | Id. |
| ATH [Enter only one cous | e per lin | e for (o), (t |). ond (c).] | - | 1 | - | . 1 | | | | INT | ERVAL BE | TWEEN |
| TH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ | 9e | ne | 1-21 | | 11-16 | 110 | SCL | - e | 1-05 | 115 | ON | SET AND | K |
| DUE TO- | | | | | | | | | | | | | |

| b. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | rest town) |
|---|--|
| rural Cambridge 5 mos. 2 das. Salishury | 2 |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| Eastern Shore State Hospital 603 Oak Hill Ave | YES NO |
| 3. NAME OF DECEASED (Type or print) C & L Merce) Lus B & Lout Death Nov. | y Year + 1958 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthddy) Months Doys Months Doys 72 yrs. | IF UNDER 24 HRS. Hours Min. |
| 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Maryland (Quantico) | F WHAT COUNTRY? |
| 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
| Marcellus W. Bailey Annie E. Jones / Salisbury, Ma | rvland |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Charles Chather Brothe no 216-16-7696 Eastern Shore State Hospital, Cambrid | r-In-Law |
| | RVAL BETWEEN ET AND DEATH |
| PART 1. DEATH WAS CAUSED BY: OENEY AL TERIOSCLETOSIS ONS | JAK K |
| 450.0 DUE TO | |
| Conditions, if any, which gove rise to immediate code (a), stating the under-lying cause last. (b) DUE TO | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) | P. WAS AUTOPSY PERFORMED? YES NO |
| | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work | (Stote) |
| 21. I certify that I attended the deceased fram June 12, 1958, ta Novi 4, 1958, that I last sa alive an Novi 4, 1958, and that death accurred at 1959 M, fram the causes and an the dat ADDRESS (Sireet, city or town, stote) ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE Thomas J. Dredge PHYSICIAN'S NAME (Type) Thomas J. Dredge | w the deceased the stated above. DATE SIGNED NOVIH 58 |
| 220. BURIAL, CREMATION, REMOVAL (Specify) Nov.17,1958 Parsons Cemetery Salisbury, Maryl | (Stote) Land |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATUR | E |
| HOLLOWAY & COMPANY SALISBURY MARYLAND ON 1 7 '58 Outling S. Knows | |

VS A15 (4) 15M 9/55

| | HYADO RO T | SCHOOL STATE | 5115 | |
|--|--------------|--|----------------|--------------------------|
| | | | | *" |
| | | | | |
| | | | | |
| | | | | |
| | | • 1 | | publication in the |
| | | | | da oppidanti |
| | | | | |
| | | Deline | | |
| | | with the second of | | |
| | | | | |
| the state of the s | | | | |
| HAND AND COLUMN TO THE THE RE- | CARREST . CA | | | |
| | | | | Taking the same of the |
| | | 10 1-3- | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | and the second | | |
| and Show the Cont. Albump At 1981. | | | and the second | Cutto I tam enter 1 City |
| ALBERT TO THE CONTRACTOR OF THE | | | | |
| | | | Deuten | |
| THE COME TO STORE LET | | as of the property of the prop | 1 15015 | |
| The state of the s | | | | |
| | | | | |

VS. A15ME(5) 5M 9/55

12423

| | | | | | | | | | Key. DI | 31. 140. | * | |
|--------|---|------------------------------------|-----------|---|--------|--|--------------|---------------------------------|---------------------|----------|-----------|---------------------|
| | PLACE OF DEATH | | | | | 2. USUAL RESIDENCE (W | | | | nce befo | ore odmi | ission) |
| | | ester | | MARYL | AND | o. STATE Mary | Land | b. COUNT | Wo | rce | ster | |
| | b. CITY OR TOWN (III and give nearest town) | autside corporate limits, write li | URAL | c. LENGTH OF STAY II | N 1b | c. CITY OR TOWN (IF | oulside cor | porote limits, write | RURAL and | give ne | agrest to | wn) 🗸 |
| | Cambr | | | 7 mos. 9 | das | . Snow | Hill | | | 23 | X-0 | 2 |
| | d. NAME OF HOSPITA | AL OR INSTITUTION (IF | not in ho | spital, give street address | | d. STREET ADDRESS | | | | | | ESIDENCE A FARM? |
| | | ern Shore St | ate | Hospital | | 302 1 | larket | St. | | | | NO 🔯 |
| 3. | NAME OF DECEASED | First | | Middle | | Last | 4. DATE | Month | 1 | Day | Y | /ear |
| | (Type or print) | Amand | a | Jane | | Ball | DEATH | Nove | mber | 6 | 1 | 9 58 |
| 5. | SEX | 6. COLOR OR RACE 7 | · MARRI | ED NEVER MARRIED | 8. | DATE OF BIRTH | | 9. AGE (In years lost birthday) | IF UNDER | - | | ER 24 HRS. |
| | Female | White | VIDOWE | D DIVORCED | 3 4 | lugust 2, 186 | 57 | 91 yrs. | Months | Days | Hours | Min. |
| 100 | USUAL OCCUPATION | ON (Give kind of work do | ne 10b. I | KIND OF BUSINESS OR IN | NDUST | Y 11. SIRTHPLACE (Stote | or fareign | country) | 12. CITI | ZEN OF | WHAT | COUNTRY? |
| | Former n | | - | | | Maryland | 1 | | | U.S | . A. | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN N | | | | 0.00 | | |
| | James W. | Hayman | | | | Emmaline I | Parker | • | | | | |
| 15. | WAS DECEASED EVE | R IN U. S. ARMED FORCE | ES? 16. | SOCIAL SECURITY NO. | 17. IN | FORMANT | | Address | | | | |
| {Ye | s, no, or unknown) | (If yes, give war or dates of ser | vice) | 2913 1191 | Ea | stern Shore | State | Hoenital | Paga | mie | | |
| | 18. CAUSE OF DEAT | TH (Enter only one cause | per line | for (a), (b), and (c),] | 1301 | DOCTIT DITOLE | Duave | HOSPIUAL | ileco. | | VAL BETWE | FFN |
| | PART I. DEAT | H WAS CAUSED BY | , | Toxemia | | | | | | ONSET | WEE | ATH |
| | 0021 | IMMEDIATE CAUSE (a) | | Z OSTOLIZZO | | | | | | 1 | . wee | 5 K |
| H | 903, | DUE TO | | Gangrene ' | left | foot and le | 20. | | | 7 | Mo. | |
| | Conditions, if or gove rise to immed | liote cause | | Juli 2010 . | | o root and re | 5. | = 1 - 1 - | - 10- | 1 | PIO. | |
| | (a), stoting the u | | | Fracture | necl | c left femur | | | | | 5 Mo | |
| 7 | | FR SICHUEICANT CONDU | TIONIS CO | | | OT RELATED TO THE TERMI | NAL DICEAS | T COUNTY ON | Farman and the same | | | |
| CATION | PARI II. OIII | EK SIGNIFICANT CONDI | ION'S CO | DATE BUTTING TO DEATH | BUIN | OI RELATED TO THE TERMI | NAL DISEAS | E CONDITION GIV | EN IN PAKI | | PERFO | RMED? |
| FICA | 20- EVTERNIAL CALL | DEF 18/AC DOI | DECORIO | 5 110 W 11 11 11 11 11 11 11 11 11 11 11 11 1 | FD 45 | | | | | Y | ES [| № □ |
| ERTII | PRIMARY AT OF CONCAUSE OF DEATH. | ATRIBUTING [] | Fell | on bathroom | n f | nter noture of injury in Port | l ar Part II | of item 18.) | | | | |
| AL C | | | | | | | | | | | | |
| DIC | 20c. TIME OF INJUR | | White | n Not while | focto | E OF INJURY (Home, form ry, street, affice bldg., etc.) | 20f. (Cit | y or town) | (Cou | nty) | | (State) |
| ME | 2.10 PM. | 5/29/58 19 | of we | ork ot work | 1 | lospital | Car | mbridge | Do | or. | | Md. |
| | 21. I certify th | at I taok charge o | if the | remains described | abay | re, held an Autapsy | / [], 1 | nspectian [], | Inquir | у 🔲 . | and (| find that |
| | death resulted | fram: Natural co | uses [| , Accident X, | Suic | ide 🔲, Homicide | □, U | ndetermined c | ause 🔲 | | | |
| | | () | | 0 | | | | | | | | |
| | SIGNATURE | Lowen | De | erec X | | M.D. CHIEF MEDICAL EX | AMINER [| | | | DATE S | IGNED |
| | | | | 1 | | ASSISTANT MEDICA | AL EXAMINE | ER 🗀 | | | | |
| | EXAMINER'S NAME (Type) | John Mace J | r. | | | DEPUTY MEDICAL | XAMINER | X | | | 11 | 16/58 |
| 22 | BURIAL CREMATION | N. 226, DATE THEREOF | | 22c. HAME OF CEMETER | Y OR | CREMATORY | 22d. LOCA | JION (City, town, o | or county) | | (State | 0) |
| 1 | THULD SPECIAL | VIN.915 | 1 (| Harsons 1 | Pes | mely | Mal | ishine. | | C | mi | 7 |
| 23. | FUNERAL DIRECTOR" | S SIGNATURE | | ADDRESS | | 240. REC'T | BY REGIS | TRAR 245. REGIS | TRAR'S SIG | NATUR | E | 1 |
| ·l | elegio. | Humis | | Snouth | 1, - | mal DATENO | W1 0" | 58 Cal | clar of | Troppe | di | |
| | CL | 7-31-11-81 | | - I HOW SHOW | 7 | 11/4 | | - 1 | | | | |
| | - | | | | | | | | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | | | . 108 | | |
|-------|---|----|--|----------------------|--|
| | | | | The second second | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | The state of the s | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | 10.00 | |
| | | | | | |
| | | | | | |
| | on also lost. | | 1000 | A Park | |
| | | | erosopci | | |
| | | | | | |
| | | 基準 | ediand no Ltd | | |
| | | | | | |
| | | | | | |
| | The depart of visiting and | | | | |
| | Total Control of the | | | | |
| | | | | | |
| | | | | | |
| \= \· | | | 4 | hard Sales | |
| | | | | | |
| | | | | The same of the same | |
| | | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12424

| _ | 16440 | | | Keg. Dist. No. |
|-----|--|--|--|---|
| 1 | PLACE OF DEATH o. COUNTY Dorchester | MARYLAND | | . COUNTY |
| - | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limit | its, write RURAL and give nearest town) |
| Ī | d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION | The state of the s | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| - | <u>Eastern Shore State Hospit</u> | ,aL | | YES NO N |
| 3 | NAME OF DECEASED (Type or print) 90000 | R Middle B | tod ore 4. DATE OF DEATH | Month Day Year 1958 |
| 1 | 6. COLOR OR RACE 7. MARR WIDOWE | IED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 9. AGE 1031 104 105 105 105 105 105 105 10 | (In years birthday) Months Days Hours Min. |
| 1 | 0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State or foreign country) MARYLANA | 12. CITIZEN OF WHAT COUNTRY |
| 1 | 3. FATHER'S NAME | RAJER | 14. MOTHER'S MAIDEN NAME | , |
| - | GEORGE OF | MUSON | A GIVITIVOURV | |
| | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) If yes, give wor or dates of service) | | NFORMANT Astern Shore State Hosp | oital, Cambridge, Md. |
| | Conditions, if ony, which gove rise to immediate code (o), stoting the under-lying couse lost. | 11001011 | Hocordiar Ded | generally unk |
| | | | NOT RELATED TO THE TERMINAL DISEASE COND | PERFORMED? YES NO |
| - 1 | | TRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in Port I or Port II of it | em rg.) |
| | 20c. TIME OF INJURY Month, Day, Year 20d. If Hour o. m. 19 While of world worl | Not while lo | ACE OF INJURY (Home, form, 20f. (City or town clory, street, office bidg., etc.) | n) (County) (State) |
| | 21. I certify that I attended the decease alive on 195 195 ACTUAL SIGNATURE Thomas J. Dredge | Dredge | ADDRESS (Street, cit | se. Md. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | 20. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMEJERY O | Mentine Cam | bruely mel. |
| * | 3. FUNERAL DIRECTOR'S SIGNATURE | ADDRÉSS PAR | Carlos REGISTRAR | 24b. REGISTRAR'S SIGNATURE |

VS A15 (4) 15M 9/SS

| | HTAIG NO BTA | LET. CERTIFIC | |
|-------------------|---|---------------|--|
| | Allega Control of the | | THE PARTY OF THE P |
| | | | |
| | Same Vinder | | |
| | ALAS TO THE STATE OF THE STATE | | |
| | | | |
| | | | 1 2 3 3 5 5 5 |
| | | | |
| Algeniting, Colle | lo l'esterti maneli massita | | |
| | | | La Constantina de la Constantina della Constanti |
| | | | |
| | | | Salatinas at 1 |
| | | | |
| | | | |
| | | | |
| | titles . N. Sebell, . 75 | | per manage |
| | | | |
| | MENTAL HOLDER | | |
| | | | |

•

10

your your

On

event

8. Give Pages with farm PM3.

Office alan

used

Chief Medic

orded t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Dorchester o. STATE Maryland b. COUNTY Dorchester MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN Itt outside corporate limits, write RURAL Bishops Head Bishops Head entire life d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Rural Rural YES NO 3. NAME OF Middle Last Nov. 12.1958 DECEASED Bersinnia Jones Bramble (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH
White July 27, 1976 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Female Hours Min. WIDOWED F DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during man of working life, even if refired) Bishops Head U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C. Jones Annie B. Wingate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Namon Mills. Bishops Head. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Vocardial failure IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Fracture left knee (10/3/58 NOF 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) out of bed. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (State) factory, street, office bldg., etc.) at work ot work Bishops Head. Dor. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry . ond in my opinion deoth resulted from: Notural couses , Accident , Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL M D CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John Lace Jr. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) Nov.14,1958 Robinson Family Cemetery Bishops Head, Md. ADDRESS Cambridge . Md. 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR arthur S. Kraus DATINOV 1 4 '58

4 shaule 70 VS. A15ME

| 10 5 5 | | | | • |
|--------|-----------------|--|-----------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | CATA CANDING TO BE | PACE CONTRACT |
| | | | | APACA STATE |
| | The contract of | T. W. T. T. WILLIAM | | |
| | | | | |
| | | | | |
| | | of the state of th | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | to the control of the | |
| | | · · · · · · · · · · · · · · · · · · · | | Commence of the second second |
| | | | | |
| | | | | |

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12422

12426 Reg. Dist. No

| 1 | 1. PLACE OF DEATH | Oorchester | MARYLAI | 2. USUAL RESIDENCE (Where deceased lived. If institution: Resource o. STATE Maryland b. COUNTY Deceased lived. | esidence before odmission) orchester |
|---|---|---|---|--|---|
| | b. CITY OR TOWN (I and give nearest town Combrid | | c. LENGTH OF STAY IN | c. CITY OR TOWN (If outside corporate limits, write RURAL East New Market - Rura | |
| 9 | | rat or institution (if not dee—Maryland I | in hospital, give street oddress) lospital | d STREET ADDRESS R.F.D. #1 | e. IS RESIDENCE ON A FARM? YES X NO |
| | 3. NAME OF DECEASED (Type or print) | Stephanie | Middle R. | Cephas 4. DATE Month Novemb | er 6 19 58 |
| | 5. SEX Female | | MARRIED NEVER MARRIED DOWED DIVORCED | September 17, 1958 9. AGE (in years load birthday) Month | DER TYEAR IF UNDER 24 HRS |
| 1 | 10a. USUAL OCCUPATI during most of working None | ON (Give kind of work done ng life, even if retired) | 106. KIND OF BUSINESS OR IND | Dorchester Co., Maryland | U.S.A. |
| | 13. FATHER'S NAME James | Lofland | | 14. MOTHER'S MAIDEN NAME Charlotte Cephas | |
| | 1S. WAS DECEASED EX (Yes, no. er unknown) NO | /ER IN U. S. ARMED FORCES (If yes, give war or dates of service | | Daisy Cephas, East New Market, | Maryland |
| | | ATH [Enter only one couse pout of the couse | r line for (o). (b), end (c).] Toxemia | | INTERVAL BETWEEN ONSEL AND DEATH OF S. |
| | Conditions, if a gave rise to imme (a), stating the couse last. | diale couse | Acute respir | atory infection | 3 days |
| 0 | PART II. OTO | | ONS CONTRIBUTING TO DEATH BE | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN | PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | | NTRIBUTING [] | ESCRIBE HOW INJURY OCCURRED | D. (Enter nature of injury in Part 1 or Part 11 of item 18.) | |
| | 20c. TIME OF INJU Hour a. m. p. m. | RY Month, Doy, Yeor | 20d. INJURY OCCURRED 20e. While Not while of work of work | PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) | (County) (State) |
| 2 | | resulted from: Note | Marcel Acciden | | uiry, ond in my d manner DATE SIGNED 11-37-58 |
| | | ON, 226. DATE THEREOF | 27c. NAME OF CEMETERY | or CREMATORY 22d LOCATION Silv. to Marke | t', Maryfa'fld |
| | J.J. Frampt | om and Son, F | 'ederalsburg, Man | ryland 240. REC'D BY REGISTRAR 246. REGISTRAR'S | S. Kraus |

2067171XV4

| | | 38 #S1 |
|--------------------|--|-----------------------------|
| | | |
| | | The second section is |
| | | |
| | | |
| | | |
| | | |
| | | |
| | THE RESERVE OF THE PROPERTY OF | |
| | | |
| wells. Et al. Dite | | |
| | | |
| | | |
| | | |
| | | |
| | | Man will like the street in |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Committee of the later |
| | | District Control |
| | | |
| | Li Servicia de Servicia de Caracteria de Car | |
| | TO THE DAY OF THE PARTY OF THE | |
| SELVE SELV | | |
| | man and the man was a series of the series o | |
| | | |
| | | |

I

6

0

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNER. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Standard Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. M

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12447 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 12427

| 1. PLACE OF DEATH o. COUNTY Dprchester | MARYLAND | 2. USUAL RESIDENCE (W | here deceased lived. If in Land b. COL | | |
|---|---|----------------------------------|--|------------------|--|
| b. CITY OR TOWN (Ill outside corporate limits, write RURAL and give nearest town) Cambridge | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF Marion St | outside corporate limits, w | rile RURAL and g | give neorest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in he | ospital, give street address) | d. STREET ADDRESS | | | e. IS PESIDENCE |
| Eastern Shore State Hospi | tal | | Rural | | YES NO |
| 3. NAME OF DECEASED (Type or print) Ralph | A. Conner | Last | 4. DATE MOF DEATH | onth | Doy Yeor 22 1958 |
| 5. SEX Male 6. COLOR OR RACE 7. MARR WIDOWI | TED NEVER MARRIED 8. | 5/15/84 | 9. AGE (In year fast birthday) | | The state of the s |
| 100. USUAL OCCUPATION (Give kind of work done 10b. during men of working life, even if retired) | KIND OF BUSINESS OR INDUSTRI Farming | NATYLAN MARYLAN | | 12. CITIZE | EN OF WHAT COUNTRY? |
| 13. FATHER'S NAME Nathan Conner | | 14. MOTHER'S MAIDEN N Jane Whit | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16] [Yes, no, or unknown] [If yes, give war or delet of service] | 9 | FORMANT RECORDS E.S.S | Add | ress | |
| PART I. DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions. if ony, which gave rise to immediate couse (o), stating the underlying couse lost. (c) | for (o), (b), ond (c).] Coronary occlu | sion | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| TO SYTERLIAS CALLES WAS DOUBLE DOUBLE | ONTRIBUTING TO DEATH BUT N CRANON PROCESS BE HOW INJURY OCCURRED. (E- | ulna | | GIVEN IN PART 1 | PERFORMED? |
| | Slipped and f | ell E OF INJURY (Home, form, | 20f. (City or town) | (Count | (Stote) |
| 200 p.m. 10-15 19 58 Whi | le Not white tocto | Hospital | Cambridg | e Do | |
| 21. I certify that I took charge af the opinian death resulted from: Natural ACTUAL SIGNATURE | | , Suicide , H | AMINER [] | AMI' | |
| EXAMINER'S John Mace J | | ASSISTANT MEDICAL E | | | 11/22/58 |
| 270. BURIAL, CREMATION. REMOVAI (Specify) 27b. DATE THEREOF 11/25/58 | St. Paul's | Cemetery | 22d LOCATION (City, tow Marion St | tation, | |
| Bradshaw & Sons, Cri | | DAIDV 2 | | EGISTRAR'S SIGN | |

| | | | CEM TE | |
|---------------------------------------|--|-------------------|--------------|---------------|
| | And State of the S | | | |
| | latin as noticed | 200 | | mater 1 |
| | | | NAME OF | |
| | | | | |
| | | | | |
| A a b | • 4.49 | | | |
| | and the latest and th | | er an Line | |
| | Adjustic Calculus | | | 1 |
| | ne de la companya de | Constitute onella | | |
| | | | | |
| | | Martin Maliane | | |
| | A SECTION AND A CONTRACTOR | in Logarity | | |
| | Section 1. (8) Section Continues | | | |
| | | | Daylot Incl | of dinastrate |
| | | | | |
| | | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Married Stone Line | | 0.24 | |
| bel another | | etions of | RS AND A DIT | |
| | | .br .bleckett | L Second 1 | ngfluhrei |

s necessary, please al director. Page for your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained FUNEX. DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Six ar its designated agent, priar to burial, cremotion, or removal, and in any event within 72 hours after death

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12423 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | 1.0 | 2.00 | Ite | m 8 FIIM | GZJJ | 11=13=58 e | U | | Reg. | Dist. No | . | |
|---------------|---|---|-----------------------------|-----------------------------------|--------------------|--|------------------------|---|-------------------|-----------------|-----------------|----------------------------|
| | | rchester | | MA | RYLAND | 2. USUAL RESIDENCE (V | | | | | fore odm | |
| | b. CITY OR TOWN (If and give nearest lawn) Cambr | A 79 | tAL | c. LENGTH OF STA | | X Fishing | | | RURAL of | nd give r | neorest to | wn) |
| | | AL OR INSTITUTION (If no | t in hosp | | / | d. STREET ADDRESS | | | | | e. 15 R | ESIDENCE |
| | Cambridg | e Maryland | 7 7 | spital | | / | | | | | YES [| A FARME |
| | NAME OF DECEASED (Type or print) | Frederick | | M. | Gre | ighton | 4. DATE OF DEATH | Nov. | h | Day | | 9 58 |
| 5. | Male | White | MARRIEC | NEVER MARE | | Peb. 24, | 1/1/2 | 9. AGE (In years lost birthday) 72 yrs. | IF UNDE Months | R 1YEAR Days | IF UND Hours | ER 24 HRS. Min. |
| 100 | during most of working the Pm | ON (Give kind of work done g life, even if retired) 120 | | ND OF BUSINESS O | OR INDUSTI | Mary | | country) | 12. CI | U.S | | COUNTRY |
| 13 | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | | | |
| | Samuel | Creighton | | | | Cathe | erine | Aaron | | | | |
| 15 Ye | WAS DECEASED EVE | ER IN U. S. ARMED FORCES (If yes, give war or dates of service | 5? 16. S | None | | s. F.M. Ci | reigh | ton Pis | hing | Cr | eek | , Md. |
| ATION | Conditions. If or gove rise to immed (a), stating the vicause lost. PART II. OTH | liote couse | ONS COM | NTRIBUTING TO DE | ATH BUT N | OT RELATED TO THE TERM | INAL DISEAS | se condition giv | EN IN PA | | 9. WAS PERFO | AUTOPSY PRMED? NO PA |
| CERTIFICATION | 20g. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH. | ISE WAS TRIBUTING (1) | ESCRIBE | HOW INJURY OCC | URRED. (Er | iter noture of injury in Por | t I or Part II | of item 18.) | | | | · · |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Yeor | 20d. IN While of worl | NJURY OCCURRED Not while of work | 20e. PLAC facto | E OF INJURY (Home, form ry, street, office bldg., etc. | 20f. (Cit | y or town) | (Co | ounty) | | (State) |
| | | | | | | | d in my | | | | | |
| 220 | BURIAL CREMATION REMOVAL (Specify) BURIAL | N. 226. DATE THEREOF | 3 | Dor. Me | | erk | | TION (City, town, on the idae. | | | (Stote | •) |
| | FUNERAL DIRECTOR'S | | rvi | ce Cambi | ridge | Md. 240. REC' | D BY REGIS | TRAR 246. REGIS | | GNATUI | | |

HTABO TO BRADIETES OF BEATH OF DEATH 77 HE LANT IN THE STREET, THE STR Bridge Andrews Control Law St. of The Bridge Dimensional Control of the Control o MINDS CROSS SET STREET, STORES

FOR STATE HEALTH DEPT.

ncil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be relocated for your files. al-transit permit. File pages 1 and 2 with the 5th Coard of Health, emoval, and in any prefit within 72 hours after death. 10 I

| ٥ | 9 | 1/2 | ٠.٣ | 2 |
|--|------|-----|--|-------|
| ď | _ | - | 3 | 5- |
| É | ·E | 9 | 45.2 | 0 |
| 0 | 2 | - | 0 | e |
| - 50 | O | 5 | 25 | 0 |
| 0 | ,5 | K | _ | 6 |
| E | d | W | P | ĕ |
| ō | 0 | "E | 50 | Ü |
| hips to lim | a | Ü | - | Ü |
| E | | 9 | 9 | |
| Ü | P | 0 | | 6 |
| 8/7 | 0 | 2 | 0 | - |
| ,E | 3 | No. | 5 | 2 |
| - | 0 | 110 | ž | ed of |
| oc. | 2 | Ü | 6/9 | 0 |
| 154 | en | - | G | Spe |
| Z | C | 36 | 0 | .0 |
| 3 | 1000 | - | 0 | 5 |
| 4 | 1 | 0 | 6 | - |
| × | * | 773 | 23 | = |
| M | (U | 0 | 5 | 0 |
| a.d | ö | P | 2 | D |
| 4 | 10 | 0 | U | 0 |
| $\overline{\mathbf{c}}$ | 100 | 3 | - | P |
| 0 | 60 | 0 | - | 9 |
| 154 | 10 | | 0 | 0 |
| 4 | 8 | | | D |
| >- | E. | ٠. | d | 907 |
| 1 | 63 | - | ALL I | e, |
| 2 | - | 2 | 7 | |
| W | Ü | 3 | 5 | - |
| | K | 613 | 84- | |
| 0 | 0 | 4 | 0 | 0 |
| 1 | | | TO FUNEA. SIRECTOR: Page 3 shaufd be used as a buric | |
| on of TO DEPUTY MEDICAL EXAMINER: This certificate should be | | | | |
| VS. | . A | 15/ | WE | |
| 51 | M : | 2/5 | 7 | |
| | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12448

| | <u> </u> | | | | | Mag. Dist. 14 | 0. |
|--|--|------------------------------|--|---------------------------------------|---|------------------------|--|
| place of Death | | MARYLANI | O. STATEMA | ryland | sed lived. If institu b. COUNT | Dorche | efore admission) |
| b. CITY OR TOWN III outside corporate compression of the compression of the corporate town. | prote fimils, write EURAL | c. LENGTH OF STAY IN 18 | c. CITY OR I | own (If outside corder / | porate limits, write | RURAL and give | nearest town) |
| d. NAME OF HOSPITAL OR INS | STITUTION (If not in he | spital, give street oddress) | 125 Loc | | / | | . IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Fred | First | S Middle | Crowl | 4. DATE OF DEATH | Nov. | n Doy | 14, Year 58 |
| 5. SEX 6. COLO Male Whit | | ED DIVORCED | 8. DATE OF BIRTH NOV 28, | 1904 | 9. AGE (In years last hirthday) 53 yrs. | Months Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give k during most of working life, eve | ind of work done 10b. n if retired) | | | | | | OF WHAT COUNTRY |
| Estemator 13. FATHER'S NAME | | Mason | | ter Penna | • | US | A |
| | Concerd | | 14. MOTHER'S A | rtrude St | rickland | | |
| 15. WAS DECEASED EVER IN U. S | ARMED FORCES? 16 | SOCIAL SECURITY NO. 17. | INFORMANT | Torude Do. | Address | | |
| [Yes, no, er unknown) (If yes, give | war or dates of service) | 145 05 4986 | | es Crow | | than New | Jersy . |
| Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. | DUE TO (b) (c) | anary occlus | | | | | nstant |
| PART II, OTHER SIGNIF | | ONTRIBUTING TO DEATH BUT | | | | EN IN PART I(o) | PERFORMED? YES NO |
| | G [] | BE HOW INJURY OCCURRED. | (Enter nature of inju | ry in Port I or Port II | of item 18.) | | |
| 20c. TIME OF INJURY More Hour o. m. p. m. | Whi | | LACE OF INJURY (He actory, street, office b | ome, form, 20f. (Citolog., etc.) | y or town) | (County) | (State) |
| 21. I certify that I too opinion death resulted | | | , Suicide | , Homicide | | Inquiry rmined monn | ond in my er DATE SIGNED |
| EXAMINER'S NAME (Type) Dr. Jo | ohn Mace | | ASSISTAN | DICAL EXAMINER T T MEDICAL EXAMINI | 11/11 | 17 | |
| | r 18, 1958 | | metery | 0 | xford | Penna. | (State) |
| 23. FUNERAL DIRECTOR'S SIGNAT | | ADDRESS | | 14a. REC'D BY REGIST | | TRAR'S SIGNATU | |
| LeCompte Funera | at Service | Cambridge Ma | aryland | DMAN 1 7 158 | Outh | of & Hances | |

| | MARKES GERTLINGARE OF DEAL | AWER TYDIGEN | * · · · · · |
|-------|----------------------------|---|---------------------------|
| | | | some office |
| | | | |
| | | | |
| 11. 6 | | | |
| | | 202 | |
| | La rest retaction of the | Story - | |
| | AD OUT ANYONE ANY | | |
| | | | |
| | | | |
| | | | |
| | | | -11/19/57/400 |
| | | | |
| | | | |
| | E el white with | | A CONTRACTOR |
| | | | THE PARTY OF THE PARTY OF |
| | bread and a frageroom | 207 07 12 12 12 12 12 12 12 12 12 12 12 12 12 | |
| | | | |

Cambridge. Md. DAHOV 2 4 '58

arthur S. Traces

VS A15 (4) 1SM 9/S5

deoth.

| | OF HEALTHLIBACHMORE, I | | AAFYRAM. | |
|--------------------|--|----------------|---|--|
| S. S. Lange | | CERTIFICATE O | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | etivaria | | |
| 4.5 | The state of the s | | | |
| | | And Popularity | AND | |
| | | 111 | | |
| | | | | |
| | | | | |
| | n 1849 Ann Daniel International | | OHE COST THE COST OF | |
| | | | | |
| | | | | |
| | | and him | oru en solvatit focult ylifa K | |
| | | | | |
| | | | | |
| | | | | |
| FOR MAY 9 | | | | |
| ा प्रवर्तिक र स. व | | | | |

M

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12424

CERTIFICATE OF DEATH

12431 Reg Dist No

| | Keg. Dist. 140. |
|--|---|
| 1. PLACE OF DEATH o. COUNTY Dorchester MARYLANI | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Dorchester |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Life | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) /3 Cambridge |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Henry ST. | d. STREET ADDRESS 309 Henry St. • IS RESIDENCE ON A FARM? YES \(\) NO-\(\) |
| 3. NAME OF First Middle DECEASED (Type or print) Addison ame | Lost 4. DATE Manth Day Year OF DEATH Nov. 8, 19 58 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED 图 NEVER MARRIED 图 Male White WIDOWED 团 DIVORCED □ | lost birthday) Months Days Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman Seafood | DUSTRY 11. BIRTHPLACE (State or foreign country) Maryland USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| George Faulkner | Livina Willey |
| (Yes, no, of unknown) (If yes, give war or dates of service) | Arthury Reba Eason Preston Maryland |
| Conditions, if ony, which gave rise to immediate coese (a), stating the underlying couse lost. DUE TO (b) SECONDA DUE TO (c) | RY METASTASIS UNDET |
| 3 ARTERIOSCETROSIS G | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P |
| 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While of work of work | PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) |
| 21. I certify that I attended the deceased from FEB / alive an Nov / 1958, and that deceased from FEB / 1958, and that de | ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (STREET, CITY OF TOWN, STATE) ADDRESS (STREET, CITY OF TOWN, STATE) ADDRESS (STREET, CITY OF TOWN, STATE) |
| Page Burial Cremation, 226. Date thereof Nov. 10, 1958 Belmont Che | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LeCompte Funeral Service Cambridge Management | 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE |

| | HYARKI RO BT | ADPITED ESAST |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | (100 M 2017 2 4) | |
| | THE HOUSE STATE | |
| | | |
| | | |
| | APPER LAND | |
| | | |
| | | |
| | | |
| The state of the s | | |
| | | POR THE RESIDENCE OF THE PROPERTY OF THE PROPE |
| The second roll of north at | | No. 1 Sensor |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | THE RESIDENCE OF THE PARTY OF T |
| | | |
| | 77-7-1 | |
| | | |
| | | |
| Ellipse on place and my hore two services are full | | |
| The second second to be sense that are but the second seco | | |
| | | |
| | e de la companion de la compan | |
| | t in the symmetry | |
| | | |

e. IS RESIDENCE ON A FARM?

Day

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

over

(County)

Davs

YES NO X

Year

19

58

(Stote)

Chronic Myocardial Degeneration lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Cerebral Arteriosclerosis YES NOT

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town)

factory, street, affice bldg., etc.) Hour a. m While Not while of wark of work June November 3, 1958, that I last sow the deceased 21. I certify that I attended the deceased from... olive on November and that death occurred at 1:50 Am, from the causes and on the date stated above.

ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Eastern Shore State Hospital 11-4-58

PHYSICIAN'S J. Crawford Eastern Shore State Hospital, Cambridge, Maryland Harry NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE Z4a. REC'D BY REGISTRAR arthur S. Thous

popers. HOSPITAL moy b. 0 15M 9/55

CATION

MOVAL (Specify) rese

director, ited with

funerol o deoth.

be filed

P

| TANE CERTIFICATI |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| The second secon |
| |

TO FUNE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | CATE OF BEATH | CERTIFI | 7:3 | f | |
|--|-------------------|---------|-----|--|-----------|
| | | | | ALL STY | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | The state of the | Kalina ta |
| | | | | THE PARTY OF | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | A STATE OF THE STA | |
| | 1 1 1 1 1 1 1 1 1 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR STATE HEALTH DEPT.

00

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any detay is necessary, please execute the retificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retay for your files.

TO FUNERA DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State and of Agolth, are its designated agent, priar to burial, cremotion, or removal, and in any event within 72 hours after death. M 09

VS. A15ME 5M 2/57

2

12434 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| PLACE OF DEATH COUNTY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted experience limits, wine RUFAL C. LITY OF TOWN Faulted C. LITY OF TOWN C. LIT | | | | | | Reg. Dist. No. |
|--|------------|--|-----------------------------|-------------------------------|---|------------------------------|
| ANAME OF PROSTAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL OF INSTITUTION (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HOSTIAL ORD (If one in heapinot, give street oddress) d. NAME OF HO | 1, P | LACE OF DEATH | | III . | | |
| Cambridge Camb | 0 | Count DOI CO TE Ste I | MARYLAND | o. STATEMARY 1 | and b. COUNT | Dorchester |
| 3. NAME OF DECASED (WILLIam MOTT OW FOX DEATH NOTT OW NOTED NOTE OF BIRTH 7, 1956 NOTE | ь. | CITY OR TOWN (If outside corporate limits, write RUFAL Cametr' 114 g 18 | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (| If putside carporate limits, write ag e | RURAL and give nearest town) |
| December | d. | NAME OF HOSPITAL OR INSTITUTION (If not in hos Cam bridge R F D | pitot, give street address) | / d. STREET ADDRESS. | ge R F D # 3 | ON A FARM? |
| Male Widowat done Divorced Di | 0 | ECEASED William | | Fox | OF NOV. | |
| 13. MAD DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DUING SECURITY NO. 17. INFORMANT DUING SECURITY NO. 18. CAUSE OF DEATH Enter only one course of close of terminal per line for (o), (b), and (c). PART I. DEATH WAS CAUSED (o) Dr owning (A cci dent.al) Instant | | Male White WIDOWE | DIVORCED T | June (, | 1956 lost birl(20y) yrs. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DOU'GL SECURITY NO. | 10a. di | USUAL OCCUPATION (Give kind of work done 10b. It refers to the principal pri | None | Pe nn:a. | e ar fareign country) | 12. CITIZEN SE WHAT COUNTRY |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate cause (o), toking the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NOTE: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NOTE: OCCUPANT OF INJURY OF INJURY OF INJURY (Home, form, 20f. (City or fown) (County) (State) of contributing of work | - | | | 14. MOTHER'S MAIDEN | Morr ow | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (b), totaling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT IN PART II. OTHER II. APP ART II. OTHER SIGNIFICANT II. OTHER II. OTHER III. PART II. OTHER SIGNIFICANT II. OTHER III. OTHER III. OTHER III. PART II. OTHER SIGNIFICANT III. OTHER III. O | | WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of rervice) | SOCIAL SECURITY NO. 17. IN | lou glas I | Carm br | idge Marylland |
| Conditions, if any, which gove rise to immediate couse (c), stoting the underlying (c) stoting the underlying (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED, YES PERMANDAL PROPERTY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED, YES NOT PRIMARY Der CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED, YES NOT YES NO | | PART 1. DEATH WAS CAUSED BY: | wnî ng | ecidental) | | ONSET AND DEATH |
| gove rise to immediate cause (c), storing the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NOT PREFORMED? YES NOT PREFORMED. YES NOT PREFORMED? YES NOT PREFORMED. YES NOT PREFORMED. YES NOT PREFORMED. YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY YES NOT THE TERMINAL DISEA | | C401 | | | | |
| PERFORMED? 20a. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Apparently fell into creek. Cambridge, Dor. Md. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion death resulted from: Notural couses , Accident Suicide , Hamicide , Undetermined monner ACTUAL SIGNATURE EXAMINER'S Dr. John Mace or make of cemetery or crematory BENOVAL (Specify) Mod 24, 1454 ASSISTANT MEDICAL EXAMINER 11/25/58 22c. NAME OF CEMETERY OR CREMATORY BENOVAL (Specify) Mod 24, 1454 ASSISTANT MEDICAL EXAMINER 22d. LOCATION (City, Igwn. or county) Cappellow Cappellow Mod 24, 1454 Apparently fell into creek. Cambridge, Dor. Md. Cappellow (State) PERFORMED? Apparently for into it into it into it into it into it into it. Apparently fell into creek. Apparently fell into creek. Cambridge, Dor. Md. Chief medical examiner DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXA | | gove rise to immediate cause (o), stating the underlying DUE TO | | | | |
| 20c. TIME OF INJURY Month, Doy, Year Hour 20c. 11/21/58 20d. INJURY OCCURRED While of work of | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERA | AINAL DISEASE CONDITION GIV | PERFORMED? |
| 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE | | PRIMARY-ID or CONTRIBUTING ID | | | | |
| opinion deoth resulted from: Notural couses [], Accident [Z], Suicide [], Homicide [], Undetermined monner [] ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] EXAMINER'S DY . John Mace or . Deputy medical examiner [] 11/25/58 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Mor 24, 1454 Lemanus Cemetary (Repleton Will) (State) | MEDICAL | | Not while facto | ary, street, office bldg., et | (.) | |
| ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S Dr. John Maco or DEPUTY MEDICAL EXAMINER 11/25/58 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Mor 24, 1454 LEMOURS CEMETERY OR CREMATORY LEMOURS CEMETERY OF CREMATORY L | | 21. I certify that I took charge of the | remoins described obo | ve, held on Autop | sy [], Inspection [A], | , Inquiry [], and in my |
| SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11/25/58 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Mor 24, 1454 Mor | | opinion death resulted from: Natural a | couses [], Accident [| . Suicide . | Homicide [], Undete | ermined monner |
| EXAMINÉR'S Dr. John Mace r. DEPUTY MEDICAL EXAMINER 11/25/58 220. BURIAL, CREMATION, P. DATE THEREOF REMOVAL (Specify) Mor 24, 1454 L. Marys Cemetery Or CREMATORY Appleton Will | | | Lun | | XAMINER | DATE SIGNED |
| Burial Mor 24, 1459 St Marys Cemetry appleton Will | | | Un. | | 77/0 | 5/58 |
| | | REMOVAL (Specify) | 22c. NAME OF CEMETERY OR | 10 + | 22d. LOCATION (City, town, | or county) , (State) |
| elempte hunoral service more party DATE 100 Octions & Kround | probation | the state of the s | vice Camb | enely a 240 REC | | - 11 |

| THE LOT POLICE | | EATE OF ATALE | | |
|---------------------------------------|--|------------------------------|-----------------------|--|
| · · · · · · · · · · · · · · · · · · · | | | | |
| 4 | | | | |
| | | | | |
| or the state of | | | | |
| | | 100 | THE PARTY OF | |
| | | | | |
| | | | | |
| | The state of the s | | | |
| | | | | |
| | | | | |
| | A PERSON AND AND AND AND AND AND AND AND AND AN | | | |
| | | Established a Section of the | All of Mark States of | |
| | | | | |
| | | | | |
| | | | | |
| | | Gell of the services | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | The latest and the la | | CAROLANI I | |
| | | | | |
| | | | | |
| | the what below the state of | | | |
| | The state of the s | | | |
| | | | | |

VS A15 (4) 15M 9/55 I

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | ARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|---|---------|------------------|----------------------|----|
|---|---------|------------------|----------------------|----|

| 2426 | CERTIFICATE | OF | DEATI |
|--------|-------------|----|-------|
| 2.4.20 | CERTIFICATE | VI | DEAL |

| 19490 | Keg. Dist, No. |
|--|---|
| 1. PLACE OF DEATH O. COUNTY DOY Charles AND MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY b. COUNTY |
| b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) |
| CAMBY OGE NOSE 7 da | Factor 3040 |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | d. STREET ADDRESS . IS RESIDENCE |
| OK INSTITUTION | BOX 14 ON A FARM? |
| 3. NAME OF DECEASED (Type or print) 4) / b o x A G | Lost 4. DATE Month Day Yeor OF DEATH / 9 19 5 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| PIAIR COI WIDOWED DIVORCED | 12-14-1895 Latt yrs. Months Days Hours Min. |
| 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) | STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Lumber MAN Mill owne | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Lott Green | I COTA Jones |
| [Yes, no. or unknown] [If yes, give wor or dates of service] | INFORMANT Address |
| | 113 Emma Green, Trappe, md. |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (o) | of PARALYTIC ILEUS 7 day |
| Condition I am which S PERITONI | TIS 7 dans |
| gave rise to immediate (DUSTO | 7 |
| lying cause last. | ON OF GALL BLADDER 7 days |
| PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| CAI | YES NO |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U' 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part 1 or Port II of item 18.) |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nat while of work of work | ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City or town) (County) (State) |
| 21. I certify that I attended the deceased from 11/12 | , 1967, to 11/19, 195, that I lost saw the deceased |
| olive an 11/19, 1958, and that death | accurred of FAM, from the couses and on the date stated obave. |
| | ADDRESS (Street, city or town, state) DATE SIGNED |
| SIGNATURE alfred R. Maryano | MD. 136 RACE ST 11/21/5 |
| PHYSICIAN'S ALFRED R. MARYANO | V CAMBRIDGE, MD |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C | |
| BUTIAL 11/22/58 Williamsbu | |
| 23. PUNERAL DIRECTOR'S SHONATURE ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| Hamistolpell Rosen | MC DATE NOW ? 8 '58 arthur & Known |

| HTASU TO STA | CERTIFIC | 30837 | |
|--------------|---------------|------------------|--------------|
| | | . 47 | |
| | | | |
| | | | T. Selection |
| | | | |
| | Chinese State | 200 Marie 1882 M | |
| | | | |
| | | | |
| | | | |
| | | 304 | |
| | | | |
| | | | The state of |
| | | | |
| | | 12 22 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

90

12436

12427

Reg. Dist. No.

| 1. PLACE OF DEATH | rchester | | MARYLAN | | USUAL RESIDEN | ce (Whe | | l lived. If inst b. COU | | n: Residence | | dmission | 1 |
|--|--|-----------------------------|-------------------------------------|----------|--------------------------------------|-----------|---------------|------------------------------|--------|--------------|-------------|----------|--------------|
| RURAL and give n | If outside corporate limitegrest town) | ts, write | c. LENGTH OF STAY IN 1 | ь | c. CITY OR TOW | · | | ote limits, wr | ite RU | RAL and gi | ive neorest | town) | |
| | nbridge | | 1 year | | | | illa | | 10 | 40 X | - 2 | | |
| OR INSTITUTION | TAL (If not in hospital, g | | | | d. STREET ADDI | RESS | | | | | | RESTDE | RM? |
| | Glasgow Con | nvale | scent Home | | Rur | al | | | | | YE | S N | 0 3 |
| 3. NAME OF DECEASED | Fir | st | Middle | | Lost | | 4. DATE OF | | Month | | Doy | Yeo | r |
| (Type or print) | Mary | | Farlin | | Griff | ith | DEATH | | _ | 8,195 | | 19 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRII | ED NEVER MARRIED | 3 B. D/ | ATE OF BIRTH | | | 9. AGE (In ye lost birthde | ears | Months | | | 4 HRS. |
| Female | White | WIDOWED | DIVORCED [| J | une 5,1/ | 87/8/ | 1879 | 79 | yrs. | Months | Doys ne | ours | min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | | | IDUSTRY | 11. BIRTHPLACE | | | ountry) | | 12. CITI | ZEN OF W | | OUNTRY? |
| 13. FATHER'S NAME | | | | 14 | MOTHER'S MA | | | | | | | | |
| | James A. Banning | | | | Mary | annn | Twle | n | | | | | |
| 1S. WAS DECEASED EV | ER IN U. S. ARMED FOR | | OCIAL SECURITY NO. 1 | 7. INFOR | | MARTITA | TYLE. | | Addre | 253 | | | |
| (Yes, no. or unknown) | (If yes, give war or dates of s | | | J.E. | Kenneth | Gri | ffith | .Easto | 1. | Md. | | | |
| | ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO |) | Corve | y ó | Ansuk | fic | ience De | 1 ins | 8 | | INTERVA | | |
| gove rise to couse (o), storing lying couse lost. PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) | the under- |) | DNTRIBUTING TO DEATH | BUT NOT | RELATED TO TH | ETERMIN | NAL DISEASI | E CONDITION | I GIVE | N IN PART | P | ERFORM | TOPSY ED? |
| | AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OCCU | RRED. (E | nter noture of in | jury in P | art 1 or Port | 11 of item 18 | .) | | | | |
| 20c. TIME OF INJU Hour o. m. p. m. | RY Month, Day, Yes | 20d. IN While of work | _ Not while _ | | OF INJURY (Hon street, office blo | | | or town) | | (C | ounty) | | (Stole) |
| alive on | Pauren | decease , 19 S | d from 11/ | , | and a complete and it. | , 1 | PM, from | the caus reet, city or to | es ar | nd an th | | | |
| PHYSICIAN'S NAME (Type) | Lawren | ce | Maryan | OV ! | M.D | | am | brio | 4 | 0,1 | Ma | | |
| 220. BURIAL, CREMATIC REMOVAL (Specify DUT 18.1 | 1 | | 22c. NAME OF CEMETER 8 Spring Hi | | ematory emeterv | | 22d. LOCAT | ION (City, to | | r county) | | (Stote) | |
| 23. FUNERAL-DIRECTOR | | W | ADDRESS Easton. | | 24 | a. REC'I | BY REGIST | RAR 245. | REGIS1 | TRAR'S SIG | , | | |

| | CATE OF DEATH AS IN AS | HI SECOND TO SECOND | * * * * * * * * * * * * * * * * * * * | |
|--------|------------------------|---------------------|---------------------------------------|----------|
| | | | August 1 | |
| | | | | |
| SIGN I | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | last 1987 | |

| 7 | | | | | | | | | | Reg. Di | ist. No. | | |
|---|--|---|--------------------------------|------------------------------------|-----------------------|--------------|-----------------------------|------------------------|--|------------------|-----------|-------------------|-------------------|
| | o. COOCTON | ter | | MARY | LAND 2. | USUAL RESID | yland | ere decease | d lived. If institution b. COOME | hes te | nce befor | re admiss | ion) |
| | b. CITY OR TOWN (I | f outside corporate limit earest town) | s, write | 6 Month | IN 1b | | own III ou en Hi | | Cambridge | | | rest town | 1) |
| | d. NAME OF HOSPIT OR INSTITUTION FISHER NU | Al (If not in hospitol, g rsing Home | ve street | oddress) | 1 | d. STREET A | DDRESS | | | | | ON A | FARM? |
| | 3. NAME OF DECEASED (Type or print) | Sadie | 1 | Middle Dunnock | | Hall | | 4. DATE OF DEATH | Nov. | th 28 | Do | | rear 50 |
| | s. sex Female | 6. COLOR OR RACE White | 7. MARR | NEVER MARRIE | | eb 16 | , 187 | 7 | 9, AGE (In years plast birthdoy) yrs. | Months | | Hours | R 24 HRS. Min. |
| | 00. USUAL OCCUPATIO | ON (Give kind of work oking life, even if retired) | | kind of Business of | RINDUSTRY | | rylan | | ountry) | | TIZEN O | | COUNTRY |
| 1 | 3. FATHER'S NAME | | | | 1 | 4. MOTHER'S | MAIDEN N | AME | | | | | |
| | Levin Dunnock | | | | | | garte | Shen | | | | | |
| | | K IN U. S. AKMED FOKI If yes, give war ar dates of se | | NONE | 17. INFO | s Lee | Sincl | aiz | Cambrid | | Mar | ylan | d |
| | | mmediate (| per li | e for (a), (b), and (c). | 10300 | nays | A ec | Men | ися | | INTE | RVAL BE ET AND | TWEEN |
| | 20a. ACCIDENT WA | HER SIGNIFICANT CONI 2001 ATTO AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER) | 7103 | CONTRIBUTING TO DEA | Cila | Rige 1 | 116,4 | 1116 | °5 L 1 | EN IN PAS | RT 1(a) 1 | PERFO YES | RMED? |
| | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Yeo | While | NJURY OCCURRED Not while at work | 20e. PLACE foctory | OF INJURY (I | lome, farm, bldg., etc.) | 20f. (City | or fawn) | (| County) | | (State) |
| | actual SIGNATURE | Hursy B. | decease - 12 Pec B 1- | | death ac | curred of | | | n the couses of treet, city or town, or the sent to th | nd on t | | te state | deceased above. |
| | 270. BURIAL, CREMATIO REMOVAL (Specify) Burial | Nov. 30 | | 22c. NAME OF CEME 8 Dorchest | | | | | tion (City, town, onbridge | Mary | rland | (Stote | e) |
| 1 | 3. FUNERAL DIRECTOR | ACCOUNT OF THE REAL PROPERTY. | 20 | ADDRESS | Mami | · and | 24a. REC'D | BY REGIST | TRAR 24b. REGI | STRAR'S SI | GNATUR | E | |

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 19 priar to burial, cremation, or remaval, and in any event within 72 bours after death. TO HOSPITAL OR TO FUNESAS VS A15 (4) 15M 9/S5

director, filed with

2-shauld be fil

| | HITASO 10 BI | | | |
|--|---|--|--------|------------|
| | | SKLEWY 5 | ¥ | |
| | | | | |
| | | | | |
| | | | | |
| | The same of the | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 914 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The second secon | | | | |
| | | | | |
| | | | | |
| | 100000000000000000000000000000000000000 | un emporemento del 1000 maio del 1780 | | |
| | | son of | THE IS | terroll di |

M

67

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12428 **CERTIFICATE OF DEATH**

12438

| | | | | | | | | Keg. Dist. 14 | 10. |
|---|--|-----------------------------|--|---------------|---|------------------------|---|--|-----------------------------------|
| 1. PLACE OF DEATH COUNTY Dorchest | er | | MARYLAN | - 11 | o. STATATYLAND | ere decease | | on: Residence be orcheste | |
| b. CITY OR TOWN (RURAL and give n Cambridge | If outside corporate limits, earest town) | , write | c. LENGTH OF STAY IN 1 | ib × | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Matison | | | | |
| d. NAME OF HOSPI Campridge M | TAL (If not in hospital, giv aryland Hosp | e street o | oddress) | 1 | d. STREET ADDRESS | | | | e. 15 RESIDENCE ON A FARM? |
| 3. NAME OF DECEASED (Type or print) | First Samue | | Middle Steward | | Harrington | 4. DATE OF DEATH | Mon. | 7 | Day Year 19 58 |
| s. sex Male | White | 7. MARR | DIVORCED | - 1 | July 5, 187 | 7 | 9. AGE (In years last birthday) 81 yrs. | Months Days | AR IF UNDER 24 HRS. s Hours Min. |
| Waterman | ON (Give kind of work do king life, even if retired) | | KIND OF BUSINESS OR IN | DUSTRY | Marylane | | ountry) | U S | A COUNTRY |
| 13. FATHER'S NAME Unkno | wn | | | 1 | 4. MOTHER'S MAIDEN N Unknown | IAME | | | |
| 15. WAS DECEASED EVE | ER IN U. S. ARMED FORCE (If yes, give war or dates of sen | | None | 7. INFO | rmant Frank Joes | ting | Annapoli | | land |
| Conditions, if a gave rise to i cade (a), stating lying cause lost. | the under DUE TO | | no carci | | | | | 1 | -z year |
| ICATIO | | | ONTRIBUTING TO DEATH | | | | | EN IN PART 1(o) | 19. WAS AUTOPSY PERFORMED? YES NO |
| | MEDICAL EXAMINER) | oo. Desc | CRIBE HOW INJURY OCCU | | | | | Committee of the control of the cont | |
| Y 20c. TIME OF INJUR Hour o. m. p. m. | RY Month, Day, Year 19 | 20d. It While at work | _ Not while | PLACE foctory | OF INJURY (Hame, farm, street, office bldg., etc. | , 20f. (Cit) | y or town) | (Count | (Stote) |
| 21. I certify the alive an | | decease 125 B | and from January, and that decorded to the contract of the con | ath ac | curred av 25° F | M, fran | n the causes a treet, city or town, | nd an the d | date stated above |
| 220. BURIAL, CREMATIC BELLOVAL (Specify) | Nov 10, | 1958 | 22c. NAME OF CEMETER Gethseman | | | | TION (City, town, o ison Ma | r county) ryland | (State) |
| LeCompte Fi | 's SIGNATURE uneral Servi | ce | ADDRESS Cambridge M | lary. | land 240. REC'I | BY REGIS | | TRAR'S SIGNAT | URE |

DATENOV 1 4 '58

arthur S. Kraus.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

poge 3 s

| | | | 1010101010101 |
|---------------|------------|--------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | HIGH STATE | | |
| | | To The Table of the Park | |
| | | | |
| Buches Terans | | | |
| | | | |
| | | | |
| | 12 /0 SIM | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | 1 | 2 | 4 | 3 | 3 |
|------|-------|-----|---|---|---|---|---|
| Reg. | Dist. | No. | | | | | |

| FER | |
|-----|---------------------------------------|
| | 1. PLACE OF DEATH o. COUNTY hester |
| E . | b. CITY OR TOWN (If outside |

| Dorcheste | er | MARYLAND | o Maryland | b. Object | chester |
|--|--|----------------------------------|---|---|---|
| b. CITY OR TOWN (I RURAL and give ne Cambridge | f outside corporate limits, write corest town) | c. LENGTH OF STAY IN 16 18 Month | c. CITY OR TOWN (I | f outside carporate limits, write f | RURAL and give nearest town) |
| d. NAME OF HOSPIT OR INSTITUTION Glasgow Nu | AL (If not in hospital, give street rsing Home | oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARMS YES NO |
| 3. NAME OF DECEASED (Type or print) | First Harry | Middle E. | Henry | 4. DATE MOR | Doy 13 Yeor 58 |
| 5. SEX Male | White WIDOW | | 8. DATE OF BIRTH | 9. AGE (In years last burthday) 75 yrs. | Manths Days Hours Min. |
| 100. USUAL OCCUPATION during most of work Blacksmit | DN (Give kind of work done 10b: ing life, even if retired) | kind of Business or INDL | ISTRY 11. BIRTHPLACE (Sto | te or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME Oscar Hen | rv | | 14 MOTHER'S MAIDEN | Hurley | |
| 15. WAS DECEASED EVE | | SOCIAL SECURITY NO. 17. | Herry Henry | Add | Maryland |
| PART I. DEA 4 20.1 Conditions, if or gove rise to in couse (o), stoting the lying couse lost. | mmediate he under- | oronion valigae | The Adjunction of the ter | Le Course Le Course Minal Disease CONDITION GIV | INTERVAL BETWEEN ONSET AND DEATH PART 1(0) 19. WAS AUTOPSY |
| PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING 20b. DES | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury i | n Part I ar Part II of item 18.) | PERFORMED? YES NO |
| 20c. TIME OF INJURY Hour o. m. p. m. | | Not while fo | ACE OF INJURY (Home, factory, street, office bldg., e | erm, 20f. (City or town) | (County) (Stote) |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | at I attended the decease 12 13, 19 | SE and that death E.MEL | MO 14 | ADDRESS (Street, city or town | - 1/-14-15 |
| 220. BURIAL, CREMATION REMOVAL (Specify) BURIAL. | Nov. 15, 1 | | 2 | | Maryland |
| 23. FUNERAL DIRECTOR'S | s signature uneral Servize | Cambridge Ma | aryland PATE | | strar's signature |

may be retained by the haspital or attending physician.

TO FUNE 1. ORECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. In the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haufs after degth. TO HOSPITAL OR VS A15 (4) 1SM 9/SS

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

| The state of the state of the state of | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

HEALTH DERE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the sertificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should convarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retorn for your files. TO FUNERA, DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Siden or its designated agent, prior to burial, cremation, ar removal, and is designated agent, prior to burial, cremation, ar removal, and is designated agent, prior to burial. M 6

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12440

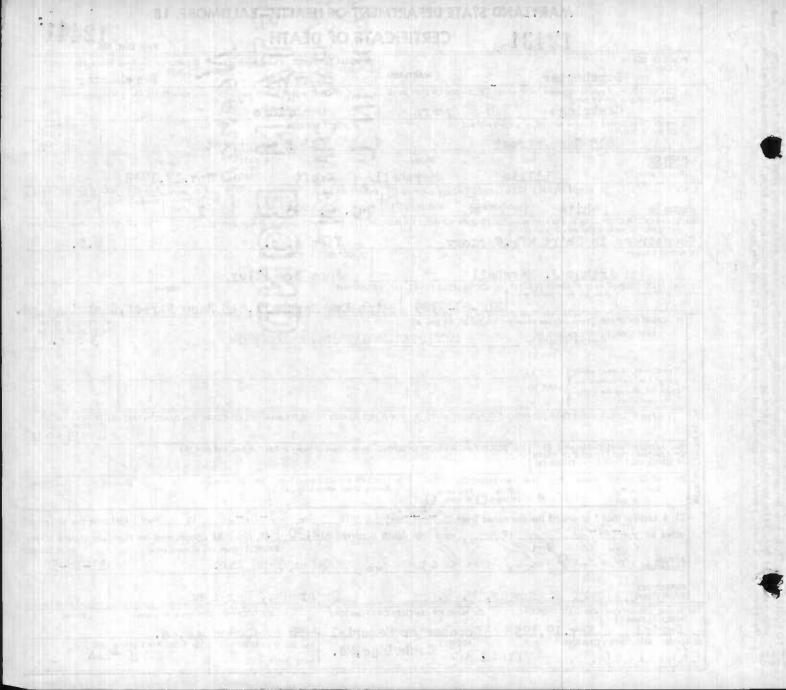
| BIOTS. | | | | | | | | | | | | | |
|--------|---------------|-----------------------------------|---|-------------------------|------------------------|----------|--|-----------------|-------------------------------------|--------------|-----------|-----------|------------|
| | | LACE OF DEATH | THE SECTION | | | | 2. USUAL RESIDENCE (\ | Where decea | sed lived. If institu | ution: Resid | lence bel | fore odni | ission) |
| 1 | - | Dorches . CITY OR TOWN (IF. | | 01011 | c. LENGTH OF STAY IN | | Maryla | - | 0. COUNT | | este | - | |
| | _ | and give nearest town) | utside corporate limits, write | RURAL | | N ID | c. CITY OR TOWN (II | f outside cor | porole limils, write | KUKAL or | id give n | eorest to | wn) |
| | - | ambridge | OR INSTITUTION (| f not in hour | 35 mim. | | Church Cre | ek | | | 1 | Talsp | ESIDENCE |
| | _ | ambridge M | _ | | | | none | | | | | ON | A FARM? |
| | 3. 1 | NAME OF DECEASED | Fire | of . | Middle | | Last | 4. DATE | Monti | | Doy | | (eor |
| | (| Type or print) | | thur | | | ornbacker | DEATH | November | | 30t1 | 1. 1 | 958 |
| | 5. S | | | 7. MARRIE | NEVER MARRIED | | | | 9. AGE (In years Light birthday) | Months | | IF UND | ER 24 HRS. |
| | | le | White | WIDOWED | | | Feb. 17 189 | | 712. | Monins | Doys | nours | Min. |
| | d | usual occupation working S Army | N (Give kind of work of life, even if retired) | | IND OF BUSINESS OR IN | NDUSTRY | New York | or foreign (| country) | | J.S. | | COUNTRY |
| | 13. | FATHER'S NAME | | | | . 1 | 4. MOTHER'S MAIDEN | NAME | | | | | |
| | | Adolph H | lornbacker | | | | Matilda | a I | Kaiser | | | | |
| | | WAS DECEASED EVE | | | SOCIAL SECURITY NO. | 17. INF | ORMANT | | Address | | | | |
| | | Yes | WW 1 8 2 | | None | Rec | ords Cambri | dge Ma | aryland H | ospit | al | | |
| 4 | | The second second | H [Enter only one cou | se per line f | or (a), (b), and (c).] | 1-1 | | | | | INTER | T AND DE | EEN ATH |
| | | PART F. DEATH | WAS CAUSED BY: MMEDIATE CAUSE (0) | Cor | onary occlu | sion | | | | | 11 | | |
| | | 420.1 | DUE TO | | | | | | | | | | |
| 1 | | Conditions, if on | | Cor | onary arter | y di | sease | | | | | ? | |
| | | (o), stating the un | | | | | | | | | | | |
| | lang. | couse lost. |) (c). | Afficial and the second | erio sclero | | | | | | | 2 | |
| | CERTIFICATION | PART II, OTHE | K SIGNIFICANT CON | DITIONS CO | NTRIBUTING TO DEATH | BUING | I KELATED TO THE TERM | IINAL DISEAS | E CONDITION GIV | TEN IN PA | | PERFO | DRMED? |
| | TFIC | 200. EXTERNAL CAUS | SE WAS 20 | b. DESCRIBE | HOW INJURY OCCURR | ED. (Ent | er noture of injury in Par | rt I or Part II | of item 18.) | | | 162 | NOTO |
| | | PRIMARY OF CON CAUSE OF DEATH. | TRIBUTING 🖸 | - | | | | | | | | | |
| | MEDICAL | Hour o.m. | Month, Doy, Yea | While | | | OF INJURY (Home, form , street, office bldg., etc | | y or fown) | (Co | ounly) | | (State) |
| | | 21. I certify the | at I taak charge | of the r | emains described | abave | e, held an Autops | y 🔲, I | nspection #, | Inqui | ry 🗗 | , an | d in my |
| | | opinian death r | esulted from: 1 | Natural c | auses . Accide | ent [| , Suicide , | Homicide | . Undele | rmined | monne | er 🗆 | |
| | | ACTUAL SIGNATURE | Dridge | ×. | Wolf, | | M.D. CHIEF MEDICAL E | | | | | DATE S | SIGNED |
| | | EXAMINER'S NAME (TypeEld) | ridge H. Wo | olff, | M. D. | | DEPUTY MEDICAL | | | | 1 | 1/30 | /58 |
| | 220 | BURIAL, CREMATION | | , 1958 | Old Trin | | REMATORY | | TION (City, lown, rchCreek | 2.0 | ryla | (Stot | •) |
| | - 00 | FUNERAL DIRECTOR'S | | rvice | ADDRESS Cambridge | M | arylanga. REC | D BY REGIST | RAR 246. REGIS | STRAR'S SI | GNATU | E | |
| | | -coompos r | mieral De. | ATCO | Jamor Tuge | r I i | DATEC | 4 '58 | aut | w1 8. 1 | names | | |

tende de la Company de la Comp

VS A15 (4) 1SM 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12431 CERTIFICATE OF DEATH

| 1 | PLACE OF DEATH | rchester | | MARYL | AND | o. SIAIE | idence (Wi | | l lived. If instituti b. COUNTY | | | | ion) |
|---------------|---|---|---------------|----------------------------------|-----------|------------------------------------|--|----------------|--|-------------|-----------|---------|------------------|
| 1 | b. CITY OR TOWN (IF | autside carparate limi arest tawn) | ils, write | c. LENGTH OF STAY I | IN 1b | c. CITY OR | TOWN (If | oulside corpor | rate limits, write R | | | |) |
| - | d. NAME OF HOSPITA | mbridge | nive stanet | 30 years | | | ambri | age | | | | | |
| | OR INSTITUTION | 15 Race st | | oodress) | | d. STREET | | ce str | eet | | ľ | | FARM? |
| 3. | NAME OF | Fir | | Middle | - | | ost | 4. DATE | Mor | ı els | Day | | Yeor |
| | (Type or print) | | lie | Mars | | Kr | raft | DEATH | Nov.17 | ,1958 | | | 19 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARR | RIED NEVER MARRIE | D 🔲 8. | DATE OF BIR | TH | | AGE (In years lost birthday) | IF UNDER | | | |
| 1 | Pemale | White | WIDOW | DIVORCED | | Oct. 26. | 1895 | 37.5 | 63 yrs. | Months | Days | Hours | Min. |
| 10 | o. USUAL OCCUPATION during most of working | N (Give kind of working life, even if retired | done 10b. | KIND OF BUSINESS OF | RINDUST | RY 11. BIRTHE | LACE (State | or foreign co | untry) | 12. CIT | IZEN O | F WHAT | COUNTRY |
| 113 | Seamstress | | | ectory | | Vie | nna .M | d. | | | 13 | .s. | |
| | . FATHER'S NAME | | | | | 14. MOTHER | | | | | | | |
| | A | rthur J. M | erch | 11 | | Anr | o F | Willey | | | | | |
| 15 | . WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. | | 17. IN | FORMANT | ICL EIO | WITTEN | Add | ress | | | |
| 10 | (es. no. or unknown) (f | f yes, give war or dates of s | | 14-07-9989 | M4 | ce Fro | Monah | -17 41 | | | 0 | Shoul i | L. M. |
| F | | TH Fester only one co | _ | ne for (o), (b), and (c).] | 1 1011 | SA PAR | TOPE DESIGNATION OF THE PERSON | SITOI | 5 Race S | treet | | - | |
| | PART I. DEAT | H WAS CAUSED BY: | | METASTA | TTC | CARCIN | ONA AT | ODOMENI | | | | RVAL BE | DEATH |
| | 1992 | IMMEDIATE CAUSE (o | , | HEIRDIE | 1110 | OMIWIN | OPIA AI | DIDOLITERA | | | | 3 mo | S. |
| | Condition It as | | | | | | | | | | | | |
| | Canditions, if an | mediate | | | | | | | | | - | | |
| | couse (o), stating th | | | | | | | | | | | | |
| 1, | lying couse lost. |) (c | | | | | | | | | | | |
| Ö | PART II. OTHE | ER SIGNIFICANT CON | DITIONS C | CONTRIBUTING TO DEA | TH BUT N | OT RELATED T | O THE TERMI | INAL DISEASE | CONDITION GIV | EN IN PAR | T 1(o) 19 | PERFO | AUTOPSY RMED? |
| 2 | | | | | | | | | | | 11 | | NO D |
| CERTIFICATION | | UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY OC | CURRED. | (Enter nature | of injury in I | Port I or Port | II of item 18.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Yes | While of work | Not while | 20e. PLAC | E OF INJURY ory, street, office | (Home, form te bldg., etc | 20f. (City | or tawn) | (0 | County) | | (Stote) |
| | 21. I certify the | at I attended the | decease | ed fram 3-20- | -46 | . 19 | to 1 | 1-17-5 | 10 | that I I | last sa | w the | deceased |
| | J., - | 17-58 | 19 | , and that a | death (| | | PAL COM | Aba anus - | ا ا النااار | 1021 20 | w me | deceased |
| | // | 11 6 | 11 | , und mar (| dedin (| occorred di | | | eet, city or town, | | ne dar | | d above. |
| | ACTUAL 00 | VRU DO | 1 | enters! | / | 200 | | and Av | | siolej | 7 | 1-18 | |
| | SIGNATURE | 0 10 10 | 70 | | M | D200 | maryı | Lanu My | | | <u>_</u> | T-TO | -70 |
| L | PHYSICIAN'S NAME (Type) | bert E. B | ınker | , M. D. | | Car | mbridg | ge, Mar | yland | | | | |
| 22 | o. BURIAL, CREMATION REMOVAL (Specify) Burial | Nov.19.1 | | 22c. NAME OF CEMEN Dorchester | | | Donke | - | ON (City, town, o | | | (Stole | *) |
| 23. | FUNERAL DIRECTOR'S | | 7,70 | ADDRESS | | | | D BY REGISTR | | | NATUR | F | |
| | Lunc | Cle R. H | oue | os, Cami | bride | ge,Md. | DATE NO | | | Thun S. | | | |



deoth.

| BT BROWILIAG HTJABH TO | ARYEARD STATE DISPARTMENT | |
|--|-----------------------------|----------------------|
| MARIE TO THE STATE OF THE STATE | TO SEAT CERTIFICATE | A & |
| | | |
| | | |
| | | |
| | | |
| | 1651 Children Canal Tan | |
| | | |
| The standard of the | | andmi |
| The Contract Late | | |
| Market Land | 1340 ARAKELIA I | Parameter Trivial |
| | | |
| | | |
| | | |
| | | |
| and the first said of the said | | Seem 1 on Phase Fill |
| | | SOLL SERVICE |
| | Autoria (1996) with a self- | 0.700 |
| in so wishington to the | TAN WITE MARY SERVICE | 7.77 |
| | | r moi + lin |

12443

| | TOXO | ., | CERTIFICA | AIE OF L | MAIL | | | Reg. D | ist. No | | |
|--|--|-------------------------------|---------------------------|--|----------------------------|-----------------|---------------------------------|------------|-----------|--------------|------------|
| 1. PLACE OF DEATH o. COUNTY | | | MARYLAND | o. STATE | | ere deceased | lived. If institution b. COUNTY | | | re admiss | ion) |
| b. CITY OR TOWN | (If outside corporate lim | its, write | c. LENGTH OF STAY IN 16 | Marylar | | utside corporo | Dorche Ite limits, write R | | - | arest town | 1) |
| RURAL and give | nearest town) | | 2 Days | X Cambri | | Rural | (Winga | . 1 | | | |
| d. NAME OF HOSP | ITAL (If not in hospital, | give street | | d. STREET A | | nurar | / WITHE | 106 / | | e. IS RES | IDENCE |
| OR INSTITUTION | onvalescing | Home | | W. | | | | | | YES | NO IN |
| 3. NAME OF | | rst | Middle | Los | t | 4. DATE | Mon | th | Do | v | Yeor |
| (Type or print) | Flov | | Windsor 1 | Lewis | | OF DEATH | Nov] | 11. 1 | 958 | | 19 |
| 5. SEX | | 7. MARE | RIED NEVER MARRIED | B. DATE OF BIRTI | н | 9 | AGE (In years lost birthday) | IF UNDE | RIYEAR | | ER 24 HRS. |
| Female | Whrite | WIDOWI | ED DIVORCED | Jan 26. | 1891 | | 67 yrs. | Months | Doys | Hours | Min. |
| 10a. USUAL OCCUPAT | ION (Give kind of work trking life, even if retired | done 10b. | KIND OF BUSINESS OR INDU | STRY 11. BIRTHPL | ACE (Stote | or foreign cou | intry) | 12. C | TIZEN C | F WHAT | COUNTRY |
| Housewi | _ | | Own H ^O me | Mary | rland | | | | U | SA | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S | MAIDEN N | AME | 41.5 | | | | |
| William | H Windsor | | | Annie | Adams | | | | | | |
| 15. WAS DECEASEDEV | ER IN U. S. ARMED FOR | | SOCIAL SECURITY NO. 17. | NFORMANT | | | Adde | 011 | | | |
| MO | | | None | Mr Jan | nes M | Lewis | Wingate | Ma | ryla | ind | |
| 18. CAUSE OF DE | ATH [Enter only one co | use per li | for (o), (b), and (c).] | 3- | 7 | | | | INT | ERVAL BE | TWEEN |
| PART I. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE (c | 1 Tue | ilmous | my A | Sour 4 | Lole | J | | 3 | One | un a |
| 450.0 | DUE TO | | 1 | 1 | | | | | | | |
| Conditions, if | | 1 (6 | relicos | 2040 | رن | | | | | | |
| gove rise to couse (a), stating lying cause last | the under- DUE TO | 12 | latera/ | Midth | tich | Cem | puto | teo | 2/ | oda | ep |
| PART-II. O | THER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO | THETERMI | VAL DISEASE | CONDITION GIV | EN IN PA | RT 1(o) 1 | 9. WAS PERFO | RMED? |
| | AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCURRE | D. (Enter noture o | f injury in P | ort I or Part I | l of item 18.) | | | | |
| 20c. TIME OF INJU Hour o. m. p. m. | 10 | ar 20d. If While at wor | _ Not while _ fo | ACE OF INJURY (Sectory, street, office | Home, form, bldg., etc. | 20f. (City o | or lown) | | (County) | | (State) |
| 21. I certify t | hat I attended the | deceas | ed from / / / 0 - | 1950 |), ta_// | 111/5 | 19 | _,that I | last so | aw the | decease |
| alive an | 11/11 | ., 19_ | IX_, and that death | accurred at | 7.4+ | M, from | the causes a | | | | |
| 7 | 1/2 /2 | 50 | >" | / | | | et, city or town, | | | - / | ATE SIGNE |
| SIGNATURE | 1 | XE | Quels | M.D. / C | 14 | 40C | ce st | ^ | | 1//: | 3/57 |
| PHYSICIAN'S NAME (Type) | W. Hitt | 4~ | IKS | (| Ox | MB. | RIDE | E | 1 | 1d |) |
| 22a. BURIAL, CREMATI | |)F | 22c. NAME OF CEMETERY O | R CREMATORY | | 22d. LOCATIO | DN (City, town, o | or county) | | (Stot | e) |
| REMOVAL (Specify Burial | Nov. 13. | 1958 | Dorchester | Men. Par | rk | Cambr | idge Man | rylar | d | | |
| 23. FUNERAL DIRECTO | | | ADDRESS | | | BY REGISTR | | | 1 . | | |
| T - C 1 - | T | | Cambridge Man | | MAI | 11 7 '58 | ant | Lun & | Many | A . | |

VS A1S (4) 15M 9/S5

TO HOSPITAL OR

| | | CATE OF DEATH | CERTIFIE | | |
|---------------------------------------|-----------------|----------------------|-----------|---|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | B2380013 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | | | | Lib Clark William | |
| | | A THE REAL PROPERTY. | | | |
| | 2 146 2 40 1 | | | | |
| | | | | | |
| | | | | | |
| | | | | Washington and | ELISEPTICE. |
| | | Part Manager | | | |
| | | | | | |
| | | | | The second of the second of | |
| | | | | | BALLIN CO. |
| | | | | Pro Pill Control | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 55 V 10 E | | |
| | | | | 7. S. | |
| | | | | | |
| | | | | | |
| | | | | | |
| Maria Service | | | | | |
| HI STAR S | | | | | |
| | | | | | |
| | 710 0 p - 310 3 | | | | 5 (00 cm 1 (44 to 63 to |
| | | | | | |
| | | | | 244712 | |

Middle

Jane

16. SOCIAL SECURITY NO

Fell on floor.

at work ot work

Not while

WIDOWED F

12444

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) b. COUNTY MARYLAND Marvland Wicomico c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 2vrs.6mos.10das d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO DATE Day Year DEATH Tsabelle Maddox 19 58 November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours DIVORCED [January 1.1875 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Ann Elizabeth Mills 17. INFORMANT Mrs. Gladys M. Compbell (Daughter Eastern Shore State Hospital Records INTERVAL BETWEEN Myocardial failure 1 wk. General arteriosclerosis PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Cambridge Dor. Md. Hospital 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection ... Inquiry and find that icide Hamicide , Undetermined cause DATE SIGNED

| death resul | rea iroi | A NOT | Jiai caus | ses 🗀, | Acciden | ' LJ' | ŞU |
|---------------------------|----------|-------|-----------|--------|---------|-------|----|
| ACTUAL SIGNATURE | (| for | 20 | m | - | A | |
| EXAMINER'S NAME (Type) | 1 | John | Mace | Jr. | - | | |

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

11/6/58

(Slote)

REMOVAL (Specify) Nov. 8.1958 23. FUNERAL DIRECTOR'S SIGNATURE

PLACE OF DEATH o. COUNTY

DECEASED (Type or print)

Female

13. FATHER'S NAME

couse lost.

WEDICAL

5. SEX

and give negrest town

Dorchester

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Harriett

Eastern Shore State Hospital

White

William Brittingham

I. DEATH WAS CAUSED BY:

(If yes, give war or dates of service

IMMEDIATE CAUSE (o)

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUE TO

DUE TO

Month, Day, Year

Fracture neck right femur.

While

b. CITY OR TOWN (If outside corporate limits, write RURAL

Cambridge

Housewife

Conditions, if ony, which gove rise to immediate couse

(o), sloting the underlying

20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.

20c. TIME OF INJURY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Parsons Cemeterv ADDRESS

24c. REC'D BY REGISTRAR

Salisbury, Maryland 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

HOLDWWAY & COMPANY

220. BURIAL, CREMATION, 22b. DATE THEREOF

SALISBURY MARYLAND

22c. NAME OF CEMETERY OR CREMATORY

DATEVINV 1

allua 9

VS. A15ME(5) 5M 9/55

O FUNER

farward

TO DEPUTY

| HOUSE TO STANDING STA | | | BT ARDMINIS | HENDER HIS BOOK OF THE PARTY OF | STATE DEPAR | draman. | |
|--|---|--------|-------------|--|-------------|---------------|---------|
| | | | | ME CERTIFICATE | MAXELI | DICEM A | |
| | | | | | | | |
| Mark AS, at large Comment of the Com | | | | | | | |
| The state of the s | | | | | | | |
| | | | | | | | |
| The design of the second secon | | | | | | | |
| | | | | | | | |
| The state of the Constant of t | | | | | | | |
| | | | | | | | |
| | | | | E A Province | | | |
| | | | | a Lorentia rolleg | era Cosmil | | |
| | | | | | | | |
| | | | | | Turnet Jan | ch Shen days: | |
| | | | | | .10021 07 | | |
| | 4 | 1 .000 | 6,67,110,47 | E Flyddin | | | 1000.66 |
| | | | | | | | |
| | | | | | N. W. | | |
| | | | | | | en work motor | |
| | | | | | | | |
| | | | | | | | |

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please secute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page shauld prwarded to the Chief Medical Examiner's Office along with form PM3. Page,5 may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Sto. Coard of Health, its designated agent, priar to burial, crematian, ar remaval, and in any event within 22 hours offer death.

I

0

2

| 10 | e x | 4 | 10 | - |
|-----|-----|---|----|---|
| VS. | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12455

| | 4 | 0 | A | A | 9 | P |
|-----|------|---|---|---|---|---|
| Pag | | 4 | 4 | 7 | | 1 |
| | | | | | | |

| o. COUNTY | rchester | | MARYLA | | STATE Mar | (Where decear | sed lived. If instit b. COUN | *v | ence belo | |
|---|---------------------------|------------|--|-------------|---|------------------------|---------------------------------|-------------|-----------|---------------------------------------|
| b. CITY OR TOWN If outside and give nearest town) | e corporale limits, write | RURAL | c. LENGTH OF STAY IN | 1b | C. CITY OR TOWN | (If outside cor | porate limits, write | RURAL one | d give ne | arest town) 🔻 |
| | mbridge | | lmo. 2days | | Poc | omoke | 2 | 342 | , 2 | |
| d. NAME OF HOSPITAL O | 4 | | | | d. STREET ADDRESS | | | | | e. IS RESIDENCE ON A FARM? |
| 3. NAME OF | Stera Snc | | ate Hospital | L II | - | 4 5 4 5 5 | | | | YES NO 🔀 |
| (Type or print) | Marceli | ne. | | arks)? | | 4. DATE OF DEATH | Nov | m ember | Doy 13 | Yeor 3 19 58 |
| 5. SEX 6. | COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | B. DAT | E OF BIRTH | | 9. AGE In years lost birthday) | | | IF UNDER 24 HRS. |
| Female | White | WIDOWED | | Fel | oruary 26 | , 1870 | 88 yrs. | Months | Days | Hours Min. |
| Oa. USUAL OCCUPATION (C during most of working life | Give kind of work d | one 10b. K | IND OF BUSINESS OR INC | DUSTRY 1 | 1. BIRTHPLACE (Stol | te or foreign o | country) | 12. CITI | ZEN OF | WHAT COUNTRY? |
| None | | | - | | Virgini | | | | U.S | .A. |
| 13. FATHER'S NAME | | | | 14. / | MOTHER'S MAIDEN | NAME | * | | | |
| George | Powell | Park | S | | Unknown | | | . 6 | | |
| 15. WAS DECEASED EVER IN | U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. 1 | 7. INFOR | TANT | | Address | | | |
| no | | • | | REC | ORDS: Ea | stern S | Shore Sta | ate Ho | spit | al |
| PART TO DEATH W | | 1/ | or (o), (b), ond (c).] ocardial Inf | arct: | ion | | | | ONSET | AL BETWEEN AND DEATH min. |
| Conditions, if any, gave rise to immediate (a), stating the under | couse (| Ar | teriosclerot | sic ca | ardio-vas | cular | renal di | sease | ? | 260 |
| cause lost. | (c)_ | Ge | neralized Ar | terio | osclerosi | s | | | ? | |
| PART II. OTHER SI | | | ntributing to death b | | | | | VEN IN PAR | | WAS AUTOPSY PERFORMED? ES NO 10 |
| 7 PART II. OTHER SI 7 904.0 Inter 200. EXTERNAL CAUSE V PRIMARY 0-0 CONTRIB CAUSE OF DEATH. | VAS UTING DE 20b | . DESCRIBE | HOW INJURY OCCURRE | D. (Enter n | oture of injury in Po | art 1 or Part II | of item 18.) | | | |
| 20c. TIME OF INJURY Hour o. m. ? p. m. | Month, Doy, Year 10-2 195 | 20d. II | t fell at ho NJURY OCCURRED 20e. Not while of work | PLACE OF | INJURY (Home, for reet, office bidg., et | rm, 20f. (City | comoke | | este | (Stole) |
| 21. I certify that I | took charge | of the r | emoins described of | obove, I | neld on Autop | osy . Ir | nspection 🔀 | , Inquir | у 🛣 | ond in my |
| opinion death resu | Ited from: N | loturol c | ouses []. Acciden | nt 🗽, | Suicide [], | Homicide | , Undet | ermined r | nonner | |
| ACTUAL SIGNATURE | ridge + | 4. 6 | Jolf | M.D | | | | | | DATE SIGNED |
| EXAMINER'S NAME (Type) Eld: | ridge H. | Wolff | . M.D. | | ASSISTANT MEDI- | | | | 77 | -13-58 |
| 20. BURIAL CREMATION, 2 | | | 22c. NAME OF CEMETERY | OR CREM | ATORY | 22d. LOCA | TION (City, town, | or county) | | (Slate) |
| Burial Burial | 11-15-5 | 58 | Accomac, | Ceme | | Acco | | | | rginia |
| 23. FUNERAL DIRECTOR'S SIG | MATURE | m)_ | ADDRESS | | 240. REC | C'D BY REGIST | RAR 24b. REGI | STRAR'S SIC | SNATURE | |
| Bunnie | - Comes | Po | ocomoke Ci | tv. | MA PARY | 1 7 '58 | arthu | 1 8. Ku | aud | |

| | | * * * | |
|-------|---|------------|--|
| | | | 124 |
| | | | |
| | AND THE REPORT OF THE PARTY OF | | |
| | | | |
| | | 5940 FEW | |
| | | | |
| | | | |
| | | | |
| 5 A 5 | | | |
| | | | |
| | | 4 | |
| | | | of ATABLE AND AND THE SECOND S |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Greek and the same of | | |
| | 7 England poster a sum of | | |
| | the second second second | teal to | |
| | Carry new Comment of the Comment | AAPS rejon | |
| | | | |

VS A15 (4) 15M 9/55

0

| 1 | | 1 | |
|-----|---|---|--|
| 13. | D | | |
| 100 | | | |
| | | | |
| | | | |

Bin

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1011C

| | | 1 | 4 | 4 | 4 | U |
|------|-------|-----|---|---|---|---|
| Reg. | Dist. | No. | | | | |

| 1. | PLACE OF DEATH Dorchester | | | MARYLA | ND | 2. USUAL RESIDENCE O. STATE Mary | | | b. COUNTY | rches | ter | e admiss | ion) |
|---------------|---|---|---------------|---|--------|---|------------|------------------------|--|----------------------|-------------------|---------------|-------------------------------------|
| | b. CITY OR TOWN (IF RURAL ond give ner Cambridge | autside corporate timit crest town # 3 | s, write | c. LENGTH OF STAY IN 3 Years | 16 | c. CITY OR TOW | | 100 | rote limits, write f | RURAL ond | give nea | rest town |) |
| | d. NAME OF HOSPITA OR INSTITUTION. HORRS POI | al (If not in hospitol, g | ve street o | ddress) | | d. STREET ADDR | | nt | | | • | | IDENCE FARM? NO |
| 3. | NAME OF DECEASED (Type or print) | Georgian | | Middle Park | s | Meredith | | 4. DATE OF DEATH | Nov | | 30 | | Yeor 19 58 |
| | sex emale | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED DIVORCED | | B. DATE OF BIRTH Dec 15, 18 | 368 | | 9. AGE (In years lost birthdoy) 9 yrs. | Months | 1 YEAR Days | Hours | R 24 HRS. Min. |
| | o. USUAL OCCUPATIO during most of worki HOUSEWITE | N (Give kind of work on ng life, even if retired) | 1 | Own Home | INDUS | Maryla Maryla | | r foreign co | ountry) | | | F WHAT | COUNTRY? |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAI | DEN NA | ME | | | | | |
| | James T Par | rks | | | | Margar | ret | Park | S | | | | |
| 15. | WAS DECEASED EVER | IN U. S. ARMED FOR | | OCIAL SECURITY NO. | 17. IN | FORMANT | | 11) | | lress | | | |
| ì | No runknown) (f | I yes, give war or oures or to | | one M | rs | William M | [cG] | oughl: | in Cami | bridge | e i | Mary | land |
| z | PART I. DEAT 33/X Conditions, if an gave rise to im couse (a), stating to lying couse last. | H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which mediate the under- (c) | AI | e for (o), (b), and (c).] EREBRAL HEM RTERIOSCLER DITRIBUTING TO DEATH | OSI | S | TCDANIA | NA DISEAS | E CONDITION CU | VEN IN PAR | ONS | RVAL BEET AND | DEATH |
| CERTIFICATION | | | | | | | | | | VEIN IIN PAK | 1 1(0) 17 | PERFO | RMED? |
| | OR CONTRIBUTING | UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 206. DESC | RIBE HOW INJURY OCC | URREC |). (Enter noture of inju | ery in Po | ort I or Port | t II of item 18.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Haur a. m. p. m. | Month, Day, Yea | while of work | _ Not while | | ACE OF INJURY (Home tory, street, office bld | | 20f. (City | or town) | (0 | County) | | (Stote) |
| | actual signature | at I attended the 30-58 |) (1) Du | iller | eath | , 19, to accurred at 5: a.b. 200 Ma Cambri | 05 F Al | M, fran DORESS (SI | reet, city or town, | and an t | last sa he dat | e state | deceased ed above. ATE SIGNED |
| 22 | BEHOVAL (Specify) | | F | 22c. NAME OF CEMETE | | | | 22d. LOCAT | ION (City, town, | or county) Maryla | and | (Stat | •} |
| | FUNERAL DIRECTOR'S LeCompte F1 | | rice | ADDRESS Ca mbridge | M | | . REC'D | BY REGIST | | Chun S. | 10 | | 3 0 |

| | CERTIFIC | |
|----------------------------|--------------------------|-------------------------|
| | distribution of the same | |
| | | |
| | | |
| EAX DE COLON | | |
| e - * | | |
| | | |
| | | |
| | | |
| | Mr. P. Land | |
| | | |
| les a contra financia e co | | |
| | | |
| | | |
| | | To Licensky line London |
| | | |
| C | • • • | |
| | | |
| | | |

VS A15 (4) 15M 9/5S

| | da | L of | No | 8 | |
|---|----|------|----|---|--|
| | M | N. | 1 | 1 | |
| N | | | | | |

00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12457 CE

CERTIFICATE OF DEATH

12447

| 1.020 | Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH O. CODD TChester MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATIATYLAND b. COUNTY DOTCHESTET |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give corest lown) Life Life | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishops Head |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION | d. STREET ADDRESS o. IS RESIDENCE ON A FARM YES \(\sum \no \(\sum \) |
| 3. NAME OF First Middle DECEASED Georgia Jones | Morris 4. Date Nov 29 Doy Year 5 |
| Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 8. DATE OF BIRTH Dec 16, 1874 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Doys Hours Mir |
| 100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU Housewille Oen Home | USTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTY US A |
| 3. FATHER'S NAME George Jones | 14. MOTHER'S MAIDEN NAME artha Langrall |
| (Marie Land Land Land Land Land Land Land Land | Idred Johnson Baltimore Maryland |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) C S // G S 7 | TIVE HEART FAILURE INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which gave rise to immediate (b) | STENOSIS NOT |
| couse (o), stoling the under- lying couse lost. | NDETERMINED |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CO | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES \(\Boxed{\text{ NO}}\) NO (|
| | ED. (Enter noture of injury in Port I or Port II of item 18.) |
| | CLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Stactory, street, office bldg., etc.) |
| 21. I certify that I attended the deceased from 1958, and that death | h occurred ot 2 h . M, from the couses ond on the date stated ab |
| ACTUAL SIGNATURE HELLER 6. Fuesty J. | ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIC M.D. 105 C HURCH ST. 1 DEC |
| PHYSICIAN'S WALTER E. GUWBY. | JR. CAMBRIDGE MD. |
| 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. BURIAL Specify) Dec 1 L958 22c. NAME OF CEMETERY CO. St. Thomas | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LeCompte Funeral Service Cambridge M | Maryland. DATE DEC 4'58 24b. REGISTRAR'S SIGNATURE |

| t. : | HEATE OF DEATH | CERTIFICA | V'als | | |
|------|--|-------------|-------|--------------------|--|
| | | | | | |
| | and appeal | | | STREET, STREET | |
| | | | | | |
| | Photos | | Too | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | THE HURSELL | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | A Company of the Comp | | | And Annual Control | |
| | PAUL MEONIE | | | | |
| | | | | | |
| | | CARRETT AND | | | |
| | The state of the state of | | | | |

...

| 91 | 1 | 4 | 1 |
|----|-----|-----|---|
| D | > 1 | 1 4 | r |
| 0 | 5.5 | 1 0 | |

6

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12433

CERTIFICATE OF DEATH

12448

| Keg. Dist. No. |
|--|
| 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Maryland Dorchester |
| c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) Cambridge |
| d street address Franklin St. o. is residence on a farm? YES \(\) NO \(\) \(\) |
| Lost 4. DATE Month Day Yeor OF DEATH NOV. 9, 1958 |
| B. DATE OF BIRTH P. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min. Dec 25, 1883 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min. |
| STRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY |
| Maryland USA |
| Geneva Willey |
| r. Morris H. Mowbray Cambridge Maryland. |
| NOT RELATED TO SHE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YEL JUER TO CALLEY. YES NO |
| O. (Enter noture of injury in Port I or Port II of item 18.) ACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State) tary, street, office bldg., etc.) |
| occurred of 1:30/14M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNE ADDRESS (STREET, CITY or TOWN, STATE) AND CAMBRIDGE HARYLAND |
| R CREMATORY 22d. LOCATION (City, town, or caunty) (Stole) |
| Cambridge Maryland |
| |

| 145 | | 211-12-12-14-12 | MINISTER BIME | | | |
|-----------------|-----------|---------------------------------------|--------------------------------|----------------------------|-------------------------------|------|
| The many of the | | BYARD PORTE | CERTIFICA | • 4 | | |
| | | | D1A0384 | gir vag ^{Al} l to | 7,000 | |
| | | en er ekstiko er il. Er jeur zelek | | | | |
| | | | | Limon by | | |
| | | | ANN IN THE ST | | | |
| | | CELESTIS Res | | ertig T atte | | |
| | | heat wall | | | | |
| | | | | | | |
| | | | | | | |
| | | e a mestal la | | | | |
| | | | | | | |
| | | ALPERT CONTAINS | | | | |
| | | | | | | |
| | | | | | | |
| | and and a | | | newatran In | Section Assessment Assessment | 1.15 |
| | | | | | | |
| | | | | | | |
| | | 1000 | to minute to market Charles | Sear is | | |
| | | | | | | |

VS A15 (4) 15M 10/57

00

I

| MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|----------|------------------|----------------------|----|
| 12434 | CEDTIFICATE | OF DEATH | |

12449

| L | | 1.3.40 | * | CERTIFIC | - | . OI DEA | | | | Reg. D | ist. No |). | |
|----------|---|---|------------------|-----------------------|---------------------|--|--------------------|----------------------|-----------------------------------|------------|-----------------|-----------|------------------------------------|
| 1. | | orchester | | MARYLAND | - 11 (| USUAL RESIDENCE STATE Maryl | | ceased live | ed. If instituti b. COUNTY | _ | ches | | sion) |
| | RURAL ond give | (If outside corporate limits nearest town) ambridge | s, write c. | 19 vears | 1 | Cambr | | corporote | limits, write R | URAL and | give ne | arest tow | n) |
| | OR INSTITUTION | ITAL (If not in haspital, given 21 Willis S | | ress) | 1 | d. STREET ADDRES | | St. | | | | ON / | SIDENCE A FARM? |
| 3. | NAME OF DECEASED (Type or print) | First Berti | | Middle Pasquith | | losi Parks | 4. D | 6 | Mon 19 | | Do | ру | Year |
| 5. | SEX | | | NEVER MARRIED | | TE OF BIRTH | | | | | R 1 YEAR | IF UND | |
| | Female | White | WIDOWED [| DIVORCED [| Fe | b.21,187 | | 13 P. S. | GE (In years ast birthday) 82yrs. | Months | Days | Hours | Min. |
| 10 | corning most at wo | ION (Give kind of wark dorking life, even if retired) | one 10b. KIN | ID OF BUSINESS OR INI | DUSTRY | | | | | 12. CI | | | COUNTRY |
| 13. | FATHER'S NAME | ker | | | 14 | Oriole, | | set C | | | U. | D. | |
| | | Charles Pa | scuith | | | Mariah | | | | | | | |
| 15. | WAS DECEASED EV | ER IN U. S. ARMED FORC | ES? 16. SOC | | INFOR | | | | Add | ress | | | |
| 1 | No | (If yes, give war or dates of ser | vice) | None M | iss | Myra Par | ks.12 | l Wil | llis St | Car | mbri | dge. | Md. |
| 7 | PART I. DE 3 3 / Conditions, if a gove rise to couse (o), stoting lying couse lost. | the under- C) (c) | Cer Sei | etral cility | B4 G | erterie | show of | 9/0 | ns | | ON: | ERVAL BI | DEATH |
| ICATION | Vank | HER SIGNIFICANT COND | DV. | reore | 1 | The Was | | | | EN IN PA | RT 1(o) 1 | PERFC | AUTOPSY PRMED? |
| L CERTIF | OR CONTRIBUTING | AS UNDERLYING CONTROL OF DEATH CONTROL EXAMINER) | Ob. DESCRIB | E HOW INJURY OCCUR | RED. (En | ter nature of injury | in Part I o | or Port II of | f item 18.) | | | | |
| MEDICAL | Hour o. m. | RY Month, Day, Year 19 | While of work | Not while of work | PLACE C factory, | F INJURY (Home, I street, office bldg., | form, 20f etc.) | (City or to | own) | (| (County) | | (State) |
| | 21. I certify the alive an actual signature Physician's NAME (Type) | hat I attended the o | deceased , 19 | | th acc | 195, to urred at 7;5 | O P _M , | fram the SS (Street, | e causes a city ar town, | nd an t | last so | te state | deceased ed abave ATE SIGNED |
| 220 | BURIAL, CREMATIC | ON, 226. DATE THEREOF | 22 | c. NAME OF CEMETERY | OR CRE | MATORY | 22d. I | OCATION | (City, town, o | or county) | 1-1 | (Stot | e) |
| | REMOVAL (Specify Burial | Nov.6,195 | 8 | Green Law | n Ce | emetery | Ca | mbrid | ige,Md. | | | | |
| 23. | SUMERAL DIRECTOR | The R. Hu | ould | ADDRESS | e,Md | | EKO BY R | EGISTRAR | 24b. REGIS | TRAR'S SI | GNATUI 8. Ku | RE | |

| | | NOROE: | |
|-------------------------------------|---|-------------------|---|
| | CENTRICATE OF DEATH | 3 1 2 2 2 1 E | N |
| | | | |
| | Property of the second of the | | |
| Burn Hall San - Milliand San San S | | | |
| | | | |
| | | | |
| | | - The section for | |
| | | | |
| CARLES OF THE STATE OF THE STATE OF | A CALL STATE OF THE SECOND | | |
| | | | |
| | A STATE OF THE PARTY OF | | |
| | | | |
| | Balance Control of the Control | | |
| | | | |
| | | | |
| | | | |
| . THE LOWER THE PARTY OF THE PARTY | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| n a bh | | | |
| | | | |
| | | | |
| | .N. spatials | | |

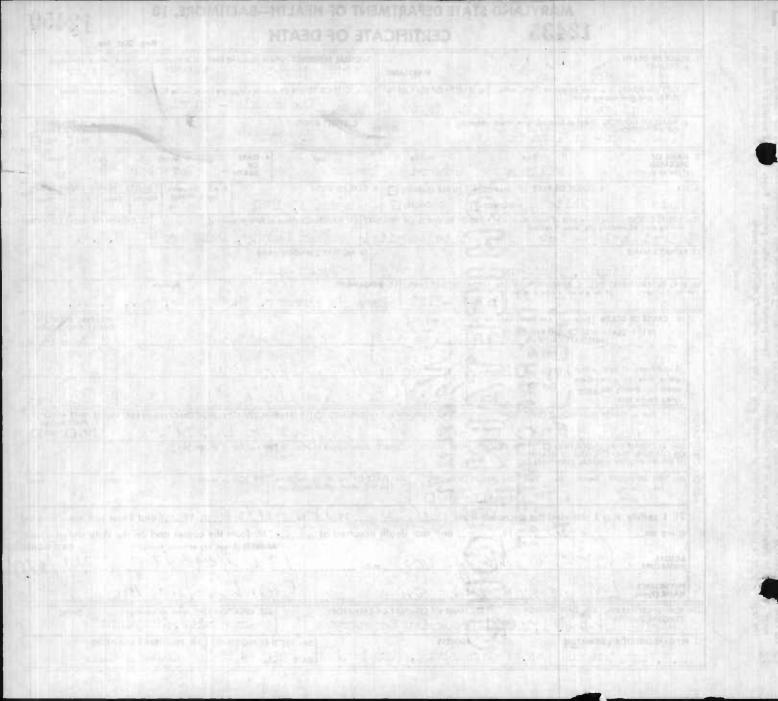
67

TO FUNES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12435

CERTIFICATE OF DEATH

| 1. | PLACE OF DEATH D. COUNTY | orchester | MARYLAND | 2. USUAL RESI | Maryland | d lived. If instituti b. COUNTY | | before odmi hester | |
|--------------------------------|---|---|---|--|--------------------------------------|--------------------------------------|--|-----------------------|----------------------------|
| - | b. CITY OR TOWN (I RURAL and give no Cambrid | | c. LENGTH OF STAY IN 16 | c. CITY OR | town (If outside corpo Rhodesdale | | RURAL and giv | e nearest tov | vn) |
| | d. NAME OF HOSPIT OR INSTITUTION Cambridge | At (If not in hospitol, give stree—Maryland Hos | eet oddress) Spital | d. STREET A | DDRESS Brookview | | | ON | SIDENCE A FARM? NO S |
| | NAME OF DECEASED (Type or print) | First William | Middle Edward I | lummer | 4. DATE OF DEATH | Nove | ember | Doy 28 | Yeor 19 58 |
| 5. : | Male | 9.77 5 1 | ARRIED NEVER MARRIED DWED DIVORCED | B. DATE OF BIRT August | 4, 1881 | 9. AGE (In years lost birthdoy) yrs. | The state of the s | YEAR IF UND | - |
| Re | during most of work | cing life, even if retired) | ob. KIND OF BUSINESS OR INDU Sey State Hospit | | ex County, | Delaware | | S.A. | T COUNTRY? |
| 13. | FATHER'S NAME | | | 14. MOTHER'S | MAIDEN NAME | | | | |
| William E. Plummer Susan Mills | | | | | | | | | |
| | WAS DECEASED EVE | R IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. | INFORMANT | | Add | lress | | |
| (,,, | No | (it yes, give war at dates of service) | 138-30-3120 | P. P | lummer, Rh | odesdale, | Md., | R.F.D. | |
| | 18. CAUSE OF DEA | ATH [Enter only one couse pe | r line for (a), (b), and (c).] | | | | | INTERVAL 8 | ETWEEN |
| | PART I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Coroner | M De | o Gusun | 1 | | ONSET AN | DEATH |
| | 260X | DUE TO | ^ | 111 | b 1 | | | 1 | |
| | Conditions, if a | ny, which) (b) | Coroner | Hou. | X Duel | 110 | | 50 | פירון |
| 3 | gove rise to it | mmediate (DUE TO | 2 2 1 6 | | 10:4 | 6.0 | | | 1 |
| | lying cause last. | (c) | Deak | tes pr | ellette | 1 | | 20 | 420 |
| NO | PART II. OTH | HER SIGNIFICANT CONDITION | IS CONTRIBUTING TO DEATH BU | NOT RELATED TO | THE TERMINAL DISEAS | E CONDITION GIV | VEN IN PART 1 | (o) 19. WAS | AUTOPSY ORMED? |
| 3 | Hyles | twilled of | wolule . Ne | nichero | prosen | lux di | seuse | | NO D |
| CERTIFICATION | 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDÉRLYING 20b. I | DESCRIBE HOW INJURY OCCURRI | ED. Enter noture o | f'injury in Port I or Po | t II of item 1B.) | | | |
| MEDICAL | 20c. TIME OF INJUR Hour a.m. | W | d. INJURY OCCURRED 20e. Pile Not while work of work | LACE OF INJURY (octory, street, office | Home, form, 20f. (Cit bldg., etc.) | y or town) | (Cor | unty) | (Stote) |
| | | at Lattended the dece | posed from 10/10 | 19 4 | Tto 11/2 | £ , 19.4 | Fibat I la | et cou the | deceased |
| | alive on | 11 3100 | 2, and that deot | | | | | | |
| | dive on | 1) | 7 | i occorred di | | treet, city or town, | | | ATE SIGNED |
| | ACTUAL SIGNATURE | Canxoner / | Manyaner | M.D | 136 | Rais | ケー | 1 | 2/2/5 |
| | PHYSICIAN'S NAME (Type) | JWF ENCE | Maryano | / | Camb | eridge | P, Me | 1 | 1-12 |
| 220 | BURIAL, CREMATIO REMOVAL (Specify) | Dec. 1,1958 | 22c. NAME OF CEMETERY C | | | TION (City, town, pokview, | | nd (Ste | ite) |
| 23. | FUNERAL DIRECTOR | | ADDRESS | | 240. REC'D BY REGIS | TRAR 24b. REGI | STRAR'S SIGN | ATURE | |
| | J.J.Framp | tom and Son, F | ederalsburg, Ma | ryland | DATE DEC 4 | 58 a | rthun S. | trans. | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19/51

(State)

| | 12436 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. | 1.4分寸。 No. |
|---------|---|--|
| | O. COUNTY O. STATE D. COUNTY | before admission) |
| b. | CITY OR TOWN (If outside corporate limits, write BURAL ord give | CONTROL DE LOS DEL LOS DE LOS DEL LOS DE LOS DE LOS DE LOS DE LOS DEL LOS DE LOS DEL LO |
| | Cambridge 20Yrs / Cambridge | |
| d | I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS | e. IS RESIDENCE |
| | Cambridge Maryland Hospital Dunns Lane | YES NO |
| D | DECEASED | 26 19 58 |
| 5. SI | EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER LYF | AR IF UNDER 24 HR |
| | 3/ 7 Noning Day | Hours Min. |
| IOa. | USUAL OCCUPATION (Give kind of work done 10b, KIND OF 8USINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) | OF WHAT COUNTE |
| | | SA |
| 13. | | |
| | William H. Roberts Myrtle Washington | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT | |
| | No Manzella Meekins, Cambridge, | Md. |
| | | NTERVAL BETWEEN |
| Н | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Prounonia | 3 days |
| | 4-73 X DUE TO | |
| | Conditions, if any, which (b) | |
| | (o), stoting the underlying DUE TO | |
| | | |
| CATION | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a | PERFORMED? YES NO |
| ü | 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year Hour a, m. 19 20d. INJURY OCCURRED While Not while of wark 19 | (State) |
| | 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection , Inquiry | , and in m |
| - 1 | opinion deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined mon | |
| | ACTUAL SIGNATURE TOUR DELLE SIGNATURE TO CHIEF MEDICAL EXAMINER TO | DATE SIGNED |
| | ASSISTANT MEDICAL EXAMINER | |
| | 3. I (6 d d d d d d d d d d d d d d d d d d | PLACE OF DEATH 0. COUNTY DOTCH STAT N. DOTCH STAT |

Cambridge, Md.

VS. A15ME 5M 2/57

EXAMINER'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/30/10 Skinners Run

John Mace Jr.

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)

DEPUTY MEDICAL EXAMINER.

Dorchester Co. Md 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE 240. REC'D SY REGISTRAR DATEDEC arthur S. Krous

| THE TENED STATE OF THE PROPERTY OF THE PROPERT | A | THE RIOM HEAD LITTLE SERO THE MUNICIPAL STATE OF AN ANNEAST AT | | |
|--|---|--|---------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 0 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The state of the s | | A STREET, AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE | Just + Miller | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

12458

CERTIFICATE OF DEATH

| | ce of Death COUNTY Dorchester | MARYLAND | II o STATE | b COUNT | tion: Residence before admission) |
|---|--|---------------------------------------|---|---|---|
| | ITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If out | tside corporate limits, write | RURAL and give nearest town) |
| | ural Cambridge | 13 Days | ST. Mie | he45 | 20 X - 2 |
| Eas | NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION tern Shore State Hospit | oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO 🔀 |
| | ME OF First EASED be or print) LeoLan | Middle | last | 4. DATE Mo OF DEATH N | 1 1 |
| 5. SEX | 6. COLOR OR RACE 7. MAR WIDOW | RIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH Jan 2318 | 9. AGE (In years last birthdoy) 7 9 yrs | Months Doys Hours Min. |
| IOa. US | SUAL OCCUPATION (Give kind of work done 10b. pring most of working life, even if retired) | · · · · · · · · · · · · · · · · · · · | OUSTRY 11. BIRTHPLACE (Stote of | r foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FAT | THER'S NAME | | 14. MOTHER'S MAIDEN NA | Schuck | |
| // | nomas schuck | | ELIZABETH | | |
| | S DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) | | astern Shore St | | , Cambridge, Md. |
| 18. | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | ine for (o). (b). and (c).] | Preun | nonia | INTERVAL BETWEEN ONSET AND DEATH |
| 9 | Conditions, if ony, which over rise to immediate ouse (a), stating the underlying couse last. | | | | |
| GERTIFICATION 1908 | PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERMIN | AL DISEASE CONDITION GI | VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| CERTIFI 500 100 100 100 100 100 100 100 100 100 | o. ACCIDENT WAS UNDERLYING 20b. DES R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCUR | RED. (Enter nature of injury in Pa | ort t or Port II of item 18.) | |
| WEDICAL 200 | Hour o. ft. While | | PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) | 20f. (City or town) | (County) (State) |
| AC SIG | TUAL CONTROL THOMAS J. Dredge | T. Dredg | th occurred at 3.00 | | |
| 22o. BL | URIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY | OR CREMATORY 2 | 22d. LOCATION (City, town, | or county) (Stote) |

| THE RESERVE OF THE RE | | | | | |
|--|----------|-----------------|----------------------------|-----|---------------------------|
| | | | and the second | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | The same of | | | |
| | | A PARTICIPATION | und V Summing to | 583 | |
| | | | | | |
| | | | | | |
| | | | | | 100 pt - 100 pt |
| | | | | | |
| | | | | | |
| | | have a second | | | |
| | | | | | |
| | 1957 | | | | |
| | | | | | |
| | SULATION | | | | San Sanca |
| | | | | | |
| | | | | | |
| | | | as element to supplied the | | |
| | | Hardwood Co. | | | MARKET PROBLET I - 10 A B |
| | | | | | |

FOR STATE HEALTH DEPT: TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should convarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for your dies. It is File pages 1 and 2 with the 5% coard of Hosting or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death. I

N

67

0

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12453

| | | | | Reg. | Dist. No. |
|--|--|--|------------------------|-------------------------|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (| Where deceased live | d. If institution: Resi | dence before admission) |
| Dorchester | MARYLAND | O. STATE Penne | vlvania | b. COUNTY Phi | ladelphia |
| b. CITY OR TOWN (If outside corporate limits, write RUR | c. LENGTH OF STAY IN 16 | The second second | | limits, write RURAL a | |
| and give nearest town) | 3 1, | | | A. 1- | |
| d. NAME OF HOSPITAL OR INSTITUTION (IF no | t in havital give street address) | d. STREET ADDRESS | delphia | 13 ^ | e. IS RESIDENCE |
| | - Total and the state of the st | O. STREET ADDRESS | | | ON A FARM? |
| Cambridge Maryland Ho | | | North Bro | ad St. | YES NO |
| 3. NAME OF DECEASED First | Middle | Last | 4. DAYE | Month | Day Year |
| (Type or print) Herbe | ert Richard | Schuster | DEATH NO | v.30,1958 | 19 |
| 5. SEX 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED B | . DATE OF BIRTH | 9. AG | hiethdowl | R TYEAR IF UNDER 24 HES. |
| Male White W | DOWED DIVORCED | Mat 12.1923 | | 35 yrs. Manths | Days Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done | | | ar fareign country) | 12. CI | TIZEN OF WHAT COUNTRY? |
| during most of working life, even if retired) | Table Marine Com | Toinnin C | | | U.S. |
| Drill Press Operator Y | are & Towne Lorp. | Leipzig, G | | | 0.0. |
| | | | VAINE . | | |
| Oskar R. Schust 15. WAS DECEASED EVER IN U. S. ARMED FORCES | er | Marie Ahl | | | |
| [Yes, no, or unknown] (If yes, give wor or dates of service | *) IS. SOCIAL SECURITY NO. 17. IF | NFORMANI | | Address | |
| Yes World War 2 | 202-22-2373 Os | kar R. Schust | er, Cambri | dge, Md. R. | F.D. 3 |
| 18. CAUSE OF DEATH [Enter only one cause p | er line for (a), (b), and (c). | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) | Fracture of skull | and lecerat | ion of h | rein | 2 hours |
| 976 X DUE TO | | A | | LUSANA | N MANUA D |
| Canditians, if any, which) (b) | Complet wound of | and which the amount of | | | 0.1 |
| gave rise to immediate cause | Gunshot wound of | LIGHT COMPON | al region | 1 | 2 hours |
| (d), storing the onderlying | | | | | |
| (6) | ONS CONTRIBUTING TO DEATH BUT N | OT PELATED TO THE TERM | INIAI DISEASE CON | DITION CINERLIN DA | 27 1/ 1/20 1/1/20 |
| PART II, OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY TO OT CONTRIBUTING CAUSE OF DEATH. | SHS CONTRIBUTING TO DEATH BUT IN | AOT KETWIED TO THE TEKW | INAL DISEASE CON | DITION GIVEN IN PA | PERFORMED? |
| 3 | in co | | | | YES NO |
| 20a. EXTERNAL CAUSE WAS 20b. D | ESCRIBE HOW INJURY OCCURRED. (E | inter nature of injury in Par | t I ar Part II of item | 1 18.) | |
| | self inflicted gu | inshot wound | | | |
| 3 20c. TIME OF INJURY Manth, Day, Year | 20d. INJURY OCCURRED 20e. PLAC | CE OF INJURY (Home, form | 20f. (City or low | vn) (Co | ounly) (Slate) |
| 20c. TIME OF INJURY Manth, Day, Year APPTOKen. 11-30458 | AAMIRE HARD WILLIAM | ary, street, affice bldg., etc. OM& | Hudson | Dor | chester Md. |
| 21. I certify that I taak charge of | | | | . 🙃 | CER |
| | | | - | | iry , and in my |
| opinian death resulted fram: Nat | ural causes . Accident [| _, Suicide x, | Hamicide [], | Undetermined | manner 📙 |
| 500 x 1/2 | de 16000 | | | | DATE SIGNED |
| SIGNATURE CANCELES | - Hoyold | _M.D. CHIEF MEDICAL EX | AMINER [| | DATE SIGNED |
| EXAMINER'S | (1)/ | ASSISTANT MEDIC | AL EXAMINER | | |
| NAME (Type) Eldridge H. | Wolff. M.D. | DEPUTY MEDICAL | EXAMINER 📆 | | 11-30-58 |
| 220. BURIAL, CREMATION, 226. DATE THEREOF | 22c. NAME OF CEMETERY OR | CREMATORY | 22d. LOCATION (| City, lawn, or county) | (Slate) |
| REMOVAL (Specify) | | | | outh Meeti | ' ' |
| Burial Dec. 3, 1958 | Geo Jashington | Memorial Pa | D BY REGISTRAR | 24b. REGISTRAR'S SI | the second secon |
| | 1100) | and rec | | | 2 H |
| - Forecan N. Ouco | udal Cambridge Me | DATE D | 6 6 00 | | - |

TEAST MENDER EXAMINER'S DERVINCALE OF DEATH LE Samme Server the present higher very like the for 是是一次。在其其**为**是一种更多的。

19/28

12454

| Boa | | irect | page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 2 shauld be filed-w | | |
|-------|-------|-------|---|--------|--|
| | | PIO | e fil | - | |
| Dep | | uner | 9 91 | | |
| Tre | | he f | Shou | | |
| 223 | | À | 2 | | |
| 20 | | | | | |
| 7 4 | | fille | ges | | |
| × ILD | | ely | Pag | | |
| 0 | | ple | ers. | | |
| eco | | CON | dod | poth, | |
| e e | | puo | pou | P | |
| ie o | | ION | CO | offe | |
| Treco | | hysie | nove | OULS | |
| Cer | | g bu | ren | 72 h | |
| egro | | ndi | eose | thin | |
| o d | | offe | d us | I W | |
| 00 | | r the | The T | even | |
| U Si | | d b | mit. | ony | |
| 101 | | igne | per | i. | |
| v rec | Cion | en s | unsit | and | |
| 0 | shysi | 1s be | ol-tro | aval. | |
| č | ng F | e ho | buri | remo | |
| Z | endi | fical | the | 10 | |
| 2 | r att | certi | 50 | lion. | |
| Ę | o lo | this | r us | ema. | |
| 2 | ospil | fter | og p | ol, cr | |
| 200 | he h | R: A | ache | burio | |
| - | by 1 | 100 | det | P | |
| × | ped | IRE(| d be | prior | |
| AL | 1076 | | Patri | ror | |
| 25 | be r | VE. | 3 | egist | |
| 2 | HOY | 5 | agoc | he r | |
| - | 1. | 0 | - | - | |
| 1 | SM | 415 | 55 |) | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

25/

| | | 16400 | • | CEKTIFI | CAI | E OF L | PEAIR | 1 | | | Reg. D | ist. No. | | |
|----------------|--|--|----------------------------|-------------------------------------|---------------------|---------------------|--------------------------|------------------------|----------------------|---------------------------------|---------------|------------|------------------------|------------------------|
| 1. P | DSF cheste | r | | MARYLAI | 11 | usual RESI | yland | here deceased | l lived. If b. Co | institutio D OI Y | on: Reside | ence befor | e admis | sion) |
| Ь | CITY OR TOWN (III | fautside corporate lim arest town) | its, write | 3 Month | 16 | | nown (# a | outside corpor | rate limits, | write R | URAL and | give neo | rest tow | n) |
| 0 | Clasgow N | AL (If not in hospital, ursing Hom | give street IC | oddress) | | d. STREET A | | eau Sti | reet | | | | ON A | SIDENCE FARM? NO |
| 1 | IAME OF DECEASED Type or print) | Bertha | rst | Parks | 1 | rodd | t | 4. DATE OF DEATH | | Nov | th | Do 27 | | Yeor 19 58 |
| 5. s F∈ | emale | 6. COLOR OR RACE White | 7. MARE | DIVORCED | | arch 8, | | 7 | 9. AGE (In | years hdoy) yrs. | Manths | P 1 YEAR | Hours | ER 24 HRS. Min. |
| 10o. | USUAL OCCUPATION OF THE PORT O | N (Give kind of wark ing life, even if retired | dane 10b. | Own Home | NDUSTRY | | ACE (Stote | or foreign co | ountry) | | 12. C | | F WHAT | COUNTR |
| 13. [| Willia | m Grant Pa | rks | | 1 | 4. MOTHER'S Ella | MAIDEN N | | | | | | | |
| 15. \ (Yes. | | R IN U. S. ARMED FOI | | Non e | 17. INFO | | dell V | Villis | C | .bbA | ridge | Mar | ylar | ıd |
| | | TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Toy, which (t) | | gor (a), (b), and (c).] Creheras | | Sten | ier | sho | 8 | | , | QNS | RVAL BE | DEATH ALS |
| | PART II. OTH | er significant con | IDITIONS C | CONTRIBUTING TO DEATH | | | /1/ | | | ON GIV | EN IN PA | RT 1(a) 1 | P. WAS PERFO YES | AUTOPSY DRMED? |
| MEDICAL | 20c. TIME OF INJURY Hour a.m. p. m. | Y Month, Day, Ye | 20d. It While at war | Nat while | e. PLACE factory | OF INJURY (| Home, form bldg., etc | , 20f. (City | or town) | | | (County) | | (State) |
| 220. | 21. I cortify the alive on | at attended the | 19 A A | 5 %, and that de | M.D. | REMATORY | \$ F. | M, from ADDRESS (SIII | the carried, city of | town, | ind on stole) | S. | e state | ATE SIGN |
| 23. I | EUNERAL DIRECTOR'S | <u></u> | | ADDRESS | | land. | | D BY REGISTI | | | STRAR'S S | IGNATUR | | |

Belleville | | Description of the Control of the Party and the AND REAL PROPERTY. The state of the later of the state of the s THE RESERVE OF THE PARTY OF THE

12455

12439 CERTIFICATE OF DEATH

| | | T | 4 | I | V |
|------|-----|---|---|---|---|
| Disa | 61- | | | | |

| 1. PLACE OF DEATH DOTCHeste | er | | MARYLAND | 2. USUAL RESIDENCE (W. o. STATE Maryland | | b. COUNTY | | nce before adr | mission) |
|--|---|-----------------|-------------------------------------|--|-----------------|-------------------------------------|------------|-----------------|------------------------|
| b. CITY OR TOWN (RURAL and give n | (If outside corporate limi | ts, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corpo | rote limits, write R | URAL ond | give nearest to | own) |
| Cambridge | iodrest lown) | | 3 da ys | X Cambridge Lakeville | | | | | |
| d. NAME OF HOSPI OR INSTITUTION | Maryland Ho | | | / d. STREET ADDRESS | | | | 10 | RESIDENCE N A FARM? |
| 3. NAME OF | Fir | | Middle | Lost | 4. DATE | Mor | , th | Day | Year |
| DECEASED (Type or print) | L | | James | Todd | OF DEATH | | v. | 1 | 19 58 |
| 5. SEX | 6. COLOR OR RACE | 7. MARI | RIED MEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In years lost birthday) | Months | Days Hau | |
| Male | White | WIDOW | ED DIVORCED | Aug 13, 1881 | 4 | 74 yrs. | Monins | Days Hau | min. |
| 10a. USUAL OCCUPATION during most of wor | ON (Give kind of work rking life, even if retired | done 10b. | KIND OF BUSINESS OR INDI | USTRY 11. BIRTHPLACE (State | e or foreign co | ountry) | 12. CI | TIZEN OF WI | AT COUNTRY |
| Waterman | ining inc, cross is remed | | ysterer | Matyland | | | U | SA | |
| 13. FATHER'S NAME | | | | 14 MOTHER'S MAIDEN | NAME | | | | |
| Levin Jam | nes Todd | | | Emilia | ne Robi | nson | | | |
| | ER IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. 17. | INFORMANT | | Add | ress | | |
| N O | (If yes, give war or dates of s | | 14 07 9401 1 | Mrs Mary Todd | Lakev | rille Can | bridg | ge Mary | land |
| | the under- |) Of | Merens terros sperteus | clator crê Cara | is lion | 32 culo | r L | | BETWEEN ND DEATH |
| PART II. OT | HER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEATH BU | IT NOT RELATED TO THE TERM | AINAL DISEASI | E CONDITION GIV | EN IN PAI | PE | REORMED? |
| 20a. ACCIDENT W. | AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCURR | ED. (Enter nature of injury in | Port I or Port | 1 11 of item 18.) | | YES | □ №⊠ |
| - | RY Month, Day, Yes | While | | PLACE OF INJURY (Home, far actory, street, office bldg., et | | or town) | (| (County) | (Stole) |
| 21. 1 certify t | hat I affended the | deceas | ed fram 19/16. | 195 G to | 11/1 | 19.55 | Sthat I | last saw th | ne decease |
| alive an | 111, NJE N. H. HA | 12. 36 1~ | | m.p. 1041 M.D. 1041 | | n the causes of reet, city or town, | and an I | | |
| 270. BURIAL, CREMATIC BURIAL (Specify | Nov. 3, | | 22c. NAME OF CEMETERY OF Dorcheste: | or crematory r Men. Park | Cambi | ION (City, town, | or county) | | itate) |
| 23. FUNERAL DIRECTOR LeCompte F | r's signature Funeral Home | e C | ADDRESS ambridge Mary | | D BY REGIST | | | GNATURE | TIE 3 |

by the funeral director, 2 should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely filler page 3 stand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event, within 72 hours ofter death. TO HOSPITAL OR

VS A1S (4) 1SM 9/S5

| · · · · · · · · · · · · · · · · · · · | |
|--|--|
| | |
| The second secon | |
| | |
| | |
| | |
| THE RESERVE THE PROPERTY OF THE PARTY OF THE | |
| | |
| House the second state of | |
| The state of the s | |
| | |
| | |
| | |
| HIPACI 2 HOUSE ME CARROLL OF THE RES | |

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUNE, "DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 Baard of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. M

VS. A15ME 5M 2/57

| MA | RYLAND | STATE I | DEPARTME | NT OF | HEALTH- | BALTIA | MORE, 1 | 8 |
|-------|--------|---------|----------|-------|---------|--------|---------|---|
| 12440 | MEDICA | AL EXA | MINER'S | CERT | IFICATE | OF DE | ATH | R |

| | | 1 | 9 | 1 | 5 | C |
|------|------|-----|---|---|---|---|
| Reg. | Dist | No. | 4 | X | U | U |

| PLACE OF DEATH a. COUNTY | USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY | | | | | | |
|--|---|--|--|--|--|--|--|
| Dorchester MARYLAND | Maryland Dorchester | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | |
| Cambridge (Cason Neck) 2 Hours | Cambridge (Cason Neck) | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) | | | | | | |
| 3. NAME OF First Middle | Lost 4. DATE Month Day Year OF | | | | | | |
| (Type or print) William Crosby Wa | DEATH 10 | | | | | | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In year) IF UNDER LYEAR IF UNDER 24 HRS. | | | | | | |
| Male White WIDOWED DIVORCED | Nov. 5. 1890 (68 yrs. Months Days Hours Min. | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | | | | |
| Waterman Seafood | Maryland | | | | | | |
| 13. FATHER'S NAME | Maryland I U S A | | | | | | |
| J ^O hn Warfield | | | | | | | |
| | Sarah Smith NFORMANT Address | | | | | | |
| [Yes, no, or unknown] [11] yes, give wor or dates of service) | 7100100 | | | | | | |
| No 220 10 6030 M | rs William Warfield Cambridge R F D # 3 | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlus | | | | | | | |
| 420./ DUE TO | | | | | | | |
| | | | | | | | |
| gove rise to immediate cause | | | | | | | |
| (a), stating the underlying DUE TO | | | | | | | |
| cause last. (c) | | | | | | | |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE NOTE: | | | | | | |
| 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED | (Enter nature of injury in Part I at Part II af item 18.) | | | | | | |
| | Emer house of migry in Fort 1 of Fort 11 of Irem 10.) | | | | | | |
| 7 M | ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) | | | | | | |
| Hour a. m. P. m. 19 at work at work | | | | | | | |
| 21. I certify that I taok charge of the remains described abo | ove, held an Autapsy , Inspection , Inquiry , and in my | | | | | | |
| opinion death resulted fram: Natural causes X, Accident | | | | | | | |
| opinion death resolved fram: 14dioral causes [A], Accident | , Suicide, Homicide, Undetermined manner | | | | | | |
| ACTUAL 2 | DATE SIGNED | | | | | | |
| SIGNATURE JOHN MINES | M.D. CHIEF MEDICAL EXAMINER | | | | | | |
| TWO MINISTERS / | ASSISTANT MEDICAL EXAMINER | | | | | | |
| EXAMINER'S John Lace Jr. M.D. | DEPUTY MEDICAL EXAMINER 11/11/56 | | | | | | |
| 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) | R CREMATORY 22d. LOCATION (City, town, or county) (State) | | | | | | |
| Burial Nov 12, 1958 Speddens Se | ward Dorchester Co. Maryland | | | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | | | | | | |
| LeCompte Funeral Service Cambridge Mar | yland OMOV 1 4 '58 arily 8. Thous | | | | | | |
| 1101 | Janes DAIL | | | | | | |

. .

FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the finazal director. Page 4 show the Chief Medical Examiner's Office along with farm PM3. Page 5 may be rested for your files.

TO FUNE AL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the 5 are Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | o. COUNTY Dorchester Maryland | | | | | 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before admission) o. STATE b. COUNTY Dorchester | | | | | | |
|---------------|--------------------------------------|---------------------------------|--------------|----------------------------------|--------------------------------------|--|----------------|-----------------|-------------|-----------|------------------|------------------|
| | . CITY OR TOWN (III | outside corporate limits, write | RURAL | c. LENGTH OF STAY IN 1 | ь | c. CITY OR TOWN (II | - | rporole limits, | | | | wn) |
| | Cambridge | | | 2 Hours | | × Cambride | e R | FD | 7 | | | |
| - | | L OR INSTITUTION | If not in he | ospital, give street address) | | A. STREET ADDRESS | 5 II | - 0 | | | | ESIDENCE |
| | High Str | | | | | | | | | | | A FARM? |
| | NAME OF | Fire | s† | Middle | | Lost | 4. DATE | | Month | Do | y Y | 'eor |
| | Type or print) | Henry | | J | Tv | armuth | DEATH | N | ov | 20 | 1 | 9 58 |
| 5. : | SEX | W. | 7. MARE | IED NEVER MARRIED | 7 | ATE OF BIRTH | | 9. AGE (In ye | IFUN | DER TYEAT | , | ER 24 HRS. |
| | Ma le | White | WIDOW | ED DIVORCED | lest birthday) Manths Days Hours Mir | | | | | Min. | | |
| 100 | USUAL OCCUPATIO | N (Give kind of work | done 10b. | KIND OF BUSINESS OR INDI | USTRY | 11. BIRTHPLACE (Stote | | country) | 12. | CITIZEN C | OF WHAT | COUNTRY? |
| | during most of working Chem Engin | | | Ret. | | Penna. | | | 17 | US | A | |
| magnin | FATHER'S NAME | | | | 1 | . MOTHER'S MAIDEN | NAME | | | 0 0 | A | |
| | Mitchel | l Warmuth | | | | Sarah Mac | Donal | d | | | | |
| | | R IN U. S. ARMED FO | | SOCIAL SECURITY NO. 17 | INFO | RMANT | DOMA | | Idress | | | |
| | Yes | WW 1 | service) | | Mr | s Henry War | emusth. | Cambr | idaa | Mann | el ama | |
| F | | | se per line | for (a), (b), and (c). | 111 | p tieth has | niuvii | Califor | roße | INT | rland | FFN |
| | PART I. DEAT | H WAS CAUSED BY | | | _ | A | - | | | 94 | AND DE | - T |
| | 420,1 | IMMEDIATE CAUSE (0) | | erona | | 7 | | 7-1 | —لر | | | cont |
| | | DUE TO | | | ê | | | | | | | |
| | Conditions, if or | | | | | | | | | | | |
| | (o), stoling the u | > DUE YO | | | | | | | | 200 | | |
| | cause last. |) (c) | | | | | | | | | | |
| ğ | PART II, OTH | ER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEATH BU | IT NO | RELATED TO THE TERM | INAL DISEA | SE CONDITIO | GIVEN IN | PART I(o) | 19, WAS PERFC | AUTOPSY RMED? |
| 13 | | | | | | | | | | | YES 🗌 | NO 🗌 |
| CERTIFICATION | PRIMARY OF CON CAUSE OF DEATH. | SE WAS | b. DESCRI | BE HOW INJURY OCCURRED | . (Enle | r nature of injury in Par | rt I or Part I | I of item 18.) | | | | |
| 13 | 20c. TIME OF INJUR | Y Month, Day, Yes | or 20d | INJURY OCCURRED 20e. | PLACE | OF INJURY (Home, form | n, 20f. (Cil | ly or fawn) | | (County) | | (Stale) |
| MEDICAL | Hour e.m. | 19 | Whi of v | ile Not while f | actory | street, affice bldg., etc |) | | | | | |
| | 21. I certify th | at I toak charge | af the | remains described a | bove | , held an Autops | у 🔲 . | Inspection | Ing | uiry [|], on | d in my |
| | opinian death | resulted fram: 1 | Vatural | causes 🛮 Acciden | | Suicide | Hamicide | e 🔲, Un | determine | d mann | ner 🔲 | |
| | ACTUAL SIGNATURE | tour | , 22 | mel | | A.D. CHIEF MEDICAL E | - |) | | | DATE S | IGNED |
| | EXAMINER'S NAME (Type) | OHN M | 1Ac | E JR. | | ASSISTANT MEDIC DEPUTY MEDICAL | - | | | | | |
| 720 | BUTIAL CREMATIO | Nov 24, | 1958 | 22c. NAME OF CEMETERY Westminste | | | | ation (City, 1) | 1000 | ., | (SIal | e) |
| | FUNERAL DIRECTOR | | | ADDRESS | | 24o. REC" | D BY REGIS | | REGISTRAR'S | SIGNATU | | |
| | | | | | - | | | | | | | |

LEGE WHEN CALLYCAM NEEDS CERTIFICATE OF DEATH

VS A1S (4) 15M 10/57

| | ./. | , |
|---|-----|---|
| - | | |
| - | 17 | |
| - | 4 | |
| | 1 | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12442

CERTIFICATE OF DEATH

12458

| | | 0. 22 | | Reg. Dist. No. |
|--|---------------------------|--|--|-------------------------------|
| PLACE OF DEATH O. COUNTY | | 2. USUAL RESIDENCE (Who o. STATE | ere deceased lived. If institution: | Residence before admission) |
| Dorchester | MARYLAND | Marylan | b. COUNTY | Dorchester |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If o | outside corporate limits, write RUR | AL and give nearest town) |
| Cambridge | 37 years | /5 Cambrid | ge | |
| d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| 116 Belvedere Ave. | Middle | | vedere Ave. | YES NO T |
| DECEASED | | Lost | 4. DATE Month | Day Year |
| CHartes | Bennett | Willson | DEATH NOV.9,19 | |
| The state of the s | | B. DATE OF BIRTH | last birthdoy) A | Months Doys Hours Min. |
| Male White WIDOW | | Sept.15,1878 | 80 yrs. | |
| USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| Retired Chesapeake Steam | post Captain | Rock Hal | | U.S. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | AME | |
| Wilfred M. Wills | | Anna Wil | lson | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service) | SOCIAL SECURITY NO. 17. | NFORMANT | Address | |
| | 217-14-8620 Mr | s.Barbara D.W | illson.116 Belv | reder Ave., Cambri |
| 18. CAUSE OF DEATH [Enter only one couse per li | | | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | CEPERRAT | HEMORRHAGE | | ONSET AND DEATH |
| 33/V DUE TO | OBITEDITAL | THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER | | 4 days |
| Conditions, if ony, which) | URIDAD | CA | | 2 days |
| gove rise to immediate | | | | |
| couse (o), stoting the <u>under-</u> lying couse lost. | | | | |
| , (0) | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVEN | IN PART I(a) 19 WAS AUTOPSY |
| | | | The state of the s | PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE PART II | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in F | Port I or Port II of item 18.) | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | THE HOLL HOOK OCCORNE | b. (Liner notice of injury in t | off for fair if of them to., | |
| | NJURY OCCURRED 20e. PL | ACE OF INITION (V (| Tool (c) | |
| Hour o. m. While | Not while foo | ACE OF INJURY (Home, form, ctory, street, office bldg., etc. |) (City or fown) | (County) (State) |
| p. m. 19 of wor | | | | |
| 21. I certify that I attended the deceas | ed from 11-5- | -58, 19 , to] | 11-9-58 | that I last saw the decease |
| alive on 11-9-58 19 | 2, and that death | occurred of 11:30 | A from the causes and | d an the date stated above |
| 1001/2. 11/19 | 2: 1 | | ADDRESS (Street, city or town, sto | |
| SIGNATURE SIGNATURE | mur | M.D. 200 Mary | and Ave. | 11-10-58 |
| | | | | |
| PHYSICIAN'S NAME (Type) Albert E. Bunker | r. M. D. | Cambridge | e, Maryland | |
| 20. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY O | | 22d. LOCATION (City, town, or o | |
| REMOVAL (Specify) Nov.11.1958 | St. Johns Chu | | Rock Hall.Md. | county) (Stote) |
| FUNERAL DIRECTOR'S SIGNATURE | APDRESS | | | ADIC CICALATIDE |
| | | 240. REC'I | Military and the second | AR'S SIGNATURE |
| Francia N. out | us Cambridge M | DATE NO | OV 1 2 '58 Qut | hun & to |

